

# 2012-2013 Five Hills Health Region Strategic Plan



## Leading into the Future Q1 Status Update

Approved by FHRHA, June 27, 2012  
Updated Q1, as of June 30 2012



**Five Hills  
Health Region**

*Healthy People – Healthy Communities*

We are pleased to present the Five Hills Health Region's Strategic Plan for the 2012-13 fiscal year. Our strategic plan, in conjunction with our Vision, Mission and Values will set a clear sense of direction for our leadership team, staff and physicians as we provide health services to our customers and their families.

Many sources were involved in the development of this strategic plan, including the Saskatchewan Ministry of Health, the Patient First Review, Accreditation Canada, Health Quality Council, Community Consultations, Customer Feedback and Staff and Physicians of the Five Hills Health Region.

### Strategy Deployment in the Saskatchewan Health Care System

The process used to develop this plan represents a significant shift in the way health system strategic planning has historically been done in the health regions and in the province. This new approach to strategic planning, often referred to as *hoshin kanri*, is characterized by engagement of staff at all levels of the participating organizations and departments through a process referred to as "catchball". The catchball process enables a top-down and a bottom-up approach to determine the strategic priorities and how the desired results will be achieved.

As part of this process, the healthcare system leaders developed enduring strategies based on the Institute for Healthcare Improvement's Triple Aim. These strategies focus on making improvements to the health of the population, individual care and financial stability in the context of value. The fourth aim is intended to strengthen the healthcare workforce to enable the changes required to improve the other three aims.

During this process, healthcare system leaders identified five areas in which they would like to see a breakthrough improvement. These are:

- ▶ Transform the surgical patient experience;
- ▶ Strengthen patient-centred primary health care;
- ▶ Deploy a Provincial Continuous Improvement System;
- ▶ Focus on patient and staff safety; and
- ▶ Identify and provide services collectively through a shared services organization

The successful implementation of these initiatives in turn are expected to affect the five-year outcomes that were also identified during the process.

## Our Vision

Healthy People – Healthy Communities

## Our Mission

Five Hills Health Region employees work together with you to achieve your best possible care, experience and health.

## Our Values

### Respect

- Valuing and honouring each other's' perspectives, diverse beliefs and choices
- Being compassionate and treating each other with dignity
- Honouring fairness and confidentiality
- Recognizing and celebrating contributions of others

### Engagement

- Collaborating with clients, providers and stakeholders to achieve the best possible health outcomes
- Actively engaging clients, providers and community stakeholders in the health planning, delivery and evaluation of health services

### Excellence

- Learning and improving as individuals and as a system in the relentless pursuit of service excellence, quality and safety
- Achieving a high performing health care system through continuous innovation
- Focusing on care outcomes informed by evidence and sound judgement
- Leading with vision and the courage to do what's right

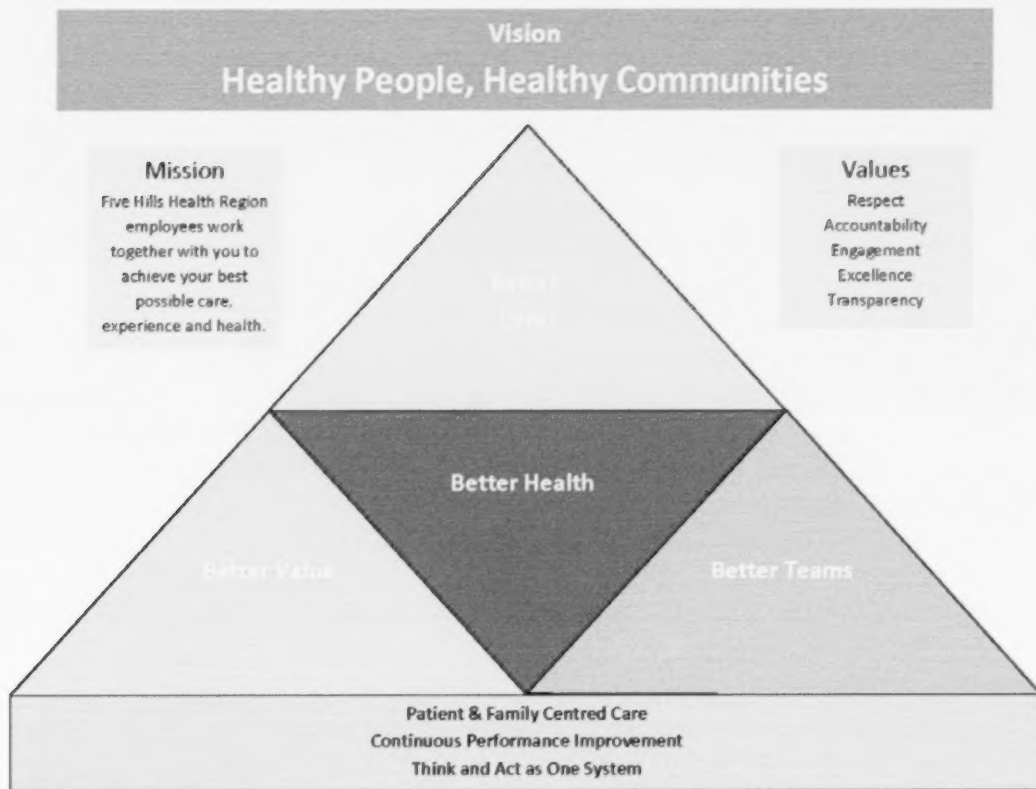
### Transparency

- Building trust through open honest communication
- Providing useful evidence-based information about health care services
- Disclosing the information about the planning and performance of our health region

### Accountability

- Demonstrating integrity, ethical behaviour and responsibility for our actions
- Monitoring, evaluating and reporting the performance of our health region
- Thinking and acting as an integrated system in the provision of services responsive to citizen and community needs
- Being good stewards of the resources entrusted to the health region

Five Hills Health Region's strategic plan, in aligning with the Ministry of Health's System Plan, outlines a vision for improving access to a health system that provides **Better Health, Better Care, Better Value** and **Better Teams** for our residents.



#### Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

#### Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

#### Better Value

Achieve best value for money, improve transparency and accountability and strategically invest in facilities, equipment and information infrastructure.

#### Better Teams

Build safe, supportive and quality workplaces that support patient- and family-centred care and collaborative practices and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

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# Better Health

Our priority is to improve the health of our customers through health promotion, protection and disease prevention, and to collaborate with communities and different government organizations to close the health disparity gap.



We will strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.

Our customers will receive the right care at the right time, by the right provider, in the right place.

We will achieve this by:

- Developing integrated primary health care teams
- Developing a “Home First” project
- Redesigning immunization services
- Developing a “safe sex” sexual health strategy



We will know we have been successful when:

- All customers who choose to be, are connected to a primary health care team that includes or is linked to a family physician
- Based on population served, two new team member disciplines will be fully integrated at innovation site.
- A plan is established to support seniors who choose to stay at home
- Immunization coverage is increased for ages 2 and 7
- Chlamydia rates are reduced by 5%

# Better Care

In partnership with patients and families, our priority is to improve our customer's experience, achieve timely access and continuously improve healthcare safety.

We will transform the patient experience through Sooner, Safer, Smarter surgical care.

We will achieve this by:

- Assisting physicians in implementing Clinical Practice Redesign (CPR)
- Developing evidence-based criteria for cancellation of surgeries
- Decreasing variations in booking same day surgeries vs. day surgeries
- Increasing itinerant surgeon capacity to use 100% of available OR (Operating Room) time
- Increasing pooled referrals for general surgery and gynecology
- Increasing awareness of Patient Decision Aides for Hip & Knee Replacements
- Medication Reconciliation is completed upon admission, transfer and discharge in Acute and Long Term Care.



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We will know we have been successful when:

- Clinical Practice Redesign is implemented in 80% of physicians' offices by 2014
- There is a reduction of postponement of OR cases within a 24-hour preoperative period
- Day Surgery use is fully optimized
- OR time is 100% utilized
- Waiting lists for general surgery and gynecology have been reduced
- All patients are involved in the shared decision making process for hip and knee surgery
- Medical Reconciliation is fully implemented

# Better Value

Our priority is to achieve best value for our money, improve transparency and accountability and strategically invest in facilities, equipment and information infrastructure.

We will deploy a Continuous Improvement System including training and infrastructure across the Region.

We will reduce harm to patients, increase efficiency for a sustainable system, eliminate waste and implement “no waiting”.

We will achieve this by:

- Implement a Lean Management System
- Developing a new hospital facility
- Improve discharge planning for Medicine, GARU (Geriatric Assessment Rehabilitation Unit) and the Transition Unit
- Developing a staffing plan transition
- Implementing Sunrise Clinical Manager

We will know we have been successful when:

- Our leaders are certified in LEAN with John Black & Associates
- A new regional hospital has been constructed using 3P (Planning, Preparation, Production) design
- LOS (Length of Stay) has been reduced in the Medicine and Transition Units and at GARU
- We have achieved the Navigant staffing standard
- Sunrise Clinical Manager has been implemented in ER (Emergency Room).



# Better Teams

Our priority is to build safe, supportive and quality workplaces that support patient-and family-centred care and collaborative practices and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.



We will focus on patient and staff safety.

We will achieve this by:

- Implementing a Risk Assessment Tool for workplace injuries
- Ensuring employees and physicians feel fully engaged at their place of work

We will know we have been successful when:

- A risk assessment tool is implemented in the three facilities with the highest time loss injuries
- Developing and implementing an employee and physician engagement plan



## Better Health

Provincial Hoshin: Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.								
Provincial 5 Year Outcomes	Measures	FHHR Projects 2012-13	Reporting of Progress	Q1	Q2	Q3	Q4	Lead
50% reduction in the incidence of communicable disease (TB, HIV, STIs & MRSA) by March 31, 2017	Incidence rate for STIs including Chlamydia, Gonorrhea, Hepatitis B & C and Syphilis	Reduce chlamydia rates by 5% by September 2013.	Too soon to determine if target being met.					MV
		Monitor # of new HIV cases.	FHHR has low incident numbers compared to SK.					MV
	Childhood Immunization Coverage Rates	Increase immunization coverage by 2% for 2 - and 7 - year old age cohorts by September 2013.	Data not yet available from Ministry.					MV
50% improvement in number of people surveyed who say "I can see my Primary Health Care Team on my day of choice" by March 31, 2017	% of RHAs (Regional Health Authority) that have created plans for progressing primary health care across the region, including an engagement plan with physicians.	Create a plan (and submit quarterly reports to the Ministry) for progressing Primary Health Care across the region by March 31, 2013.	On target to meet target. Meetings have been proposed to all physicians not presently linked to a PHC team.					DF

## Better Health

Provincial 5 Year Outcomes	Measures	FHR Projects 2012-13	Reporting of Progress	Q1	Q2	Q3	Q4	Lead
50% improvement in number of people surveyed who say "I can see my Primary Health Care Team on my day of choice" by March 31, 2017	% of patients reporting they were able to contact their primary health care team on the day of their choice  KoM (Kliniek on Main)	Develop Integrated Primary Health Care team	On track to achieve target.					DF
		<b>By March 31, 2013:</b> KoM has in-depth understanding of population served with regular monthly reports monitoring changes	On track to achieve target. Reports are challenging due to lack of standardization in the electronic health record.					DF
		KoM provides same-day access through day of choice, telehealth or telephone care	Working to consistently measure; get electronic health record reports to accurately report data to reduce manual data collection; striving to review measures as a team					DF
		2 new team member disciplines fully integrated -future state value stream map will be completed	On track to achieve target.					DF
By March 31, 2017, seniors will have access to supports that will allow them to age within their own home and progress into other care options as their needs change.	MDS-HC Case Mix Index (CMI) (under development)	Develop a "Home First" project by March 31, 2013 to support seniors who want to stay at home.	On track to achieve target.					DF/BL



## Better Care

Provincial Hoshin: Transform the patient experience through Sooner, Safer, Smarter, surgical care.								
Provincial 5 Year Outcomes	Measures	FHHR Projects 2012-13	Reporting of Progress	Q1	Q2	Q3	Q4	Lead
By March 31, 2017, there will be a 50% reduction in patient wait times from GP (general practitioner) referrals to specialist and diagnostic services.	% of surgical practices involved in Clinical Practice Redesign (CPR)	CPR implemented in 1 surgeon's office by March 31, 2012	Completed January 2012, with 100% compliance. Ongoing meetings with physicians and continued monitoring.					LA/FR
		CPR implemented in 80% of physician offices by March 31, 2014	Accomplished 22% implementation – continuing at current pace, we will exceed our target.					LA/FR
By March 31, 2015, all cancer surgeries or treatments are done within the consensus-based timeframes from the time of suspicion or diagnosis of cancer.	% of invasive cancer surgeries performed within three weeks.	95% of invasive cancer surgeries performed within three weeks.	95.7% of cancer patients have received surgery within three weeks. Continuing to screen and prioritize all cancer patients to ensure surgery is complete within three weeks.					LA
By March 31, 2013 all patients are offered the option to have surgery within six months.	# of patients waiting for surgery over 6 months  % of patients who received their surgery within 6 months	Develop evidence-based criteria for cancellation of surgery by December 31, 2012. 100% compliance by June 30, 2013.	Baseline data is being collecting regarding number of surgery cancellations and reasons for such.					LA/FR



# Better Care

Provincial 5 Year Outcomes	Measures	FHHR Projects 2012-13	Reporting of Progress	Q1	Q2	Q3	Q4	Lead
By March 31, 2014, all patients have the option to receive necessary surgery within three months.	# of patients given the option to receive necessary surgery	Increase patient awareness of Shared Decision Making for Hip & Knee Replacements by 75% by March 31, 2013.	22% completion towards target at end of Q1. On track to meet expected target.					LA/FR
		Implement pooled referrals for general surgery by December 31, 2013.	75% complete towards meeting target at end of Q1. 2 out of 3 physicians have engaged in pooled referrals.					LA/FR
		Implement pooled referrals for gynecology by December 31, 2013.	90% complete towards meeting target at end of Q1. It is expected that by September pooled referrals will be fully implemented and we will exceed target of December 2013.					LA/FR
		Decrease variation in booking DS vs. SDS by 50% by March 31, 2013.	Variation has been decreased by 5% at the end of Q1.					LA
		Increase itinerant surgeon capacity to utilize 100% of available OR time by March 31, 2013.	85% of operating room time was utilized in Q1.					LA/FR
	100% of expected surgical case volumes delivered - 3900	Complete 3900 surgical cases by March 31, 2013.	Quarterly goal is 975 surgeries 1010 complete at end of Q1.					LA

# Better Care

Provincial 5 Year Outcomes	Measures	FHHR Projects 2012-13	Reporting of Progress	Q1	Q2	Q3	Q4	Lead
By March 31, 2017, zero surgical infections from clean surgeries.	Rate of surgical site infections from clean surgeries (under development)	100% completion of surgical safety checklist.	In 84% compliance at end of Q1.					LA/FR
		% of patients who receive all components of the <i>Safer Healthcare Now!</i> bundle	A measurement for Surgical Site Infections and implementation of the SHNI Bundle has not yet been developed at a provincial level.					LA/FR
By March 31, 2017 no adverse events related to medication errors.	Rate of adverse drug events using the Institute for Healthcare Improvement Global Trigger Tool (not yet available)	Med Rec completed on admission to acute care and LTC by March 31, 2013.	No report provided.					BL
		Med Rec completed on discharge to acute care and LTC by March 31, 2013.	No report provided.					BL
		Med Rec completed on transfer to acute care and LTC by March 31, 2013.	No report provided.					BL
		# of units that have implemented unit-based staff-conducted audits with immediate improvement plans	No report provided.					BL

# Better Care

Provincial 5 Year Outcomes	Measures	FHHR Projects 2012-13	Reporting of Progress	Q1	Q2	Q3	Q4	Lead
By March 31, 2017 no adverse events related to medication errors.	Rate of adverse drug events using the Institute for Healthcare Improvement Global Trigger (not yet available)	Conduct a quality audit of med rec at admission to acute care by December 31, 2012.	72% compliance as at end of Q1.					BL
		Begin compliance audits in long term care by June 31, 2012.	No report provided.					BL
By March 31, 2017, patients' ratings of exceptional overall healthcare experience are in the top 20% of scores internationally.	<p>% of patients rating their hospital as 10 out of 10</p> <p>% of patients rating their primary health care clinic as 10 out of 10 (under development)</p> <p>% of patients who rate the care they received in the Emergency Department as "excellent"</p>		No report provided.					BL

# Better Care

Provincial 5 Year Outcomes	Measures	FHHR Projects 2012-13	Reporting of Progress	Q1	Q2	Q3	Q4	Lead
By March 31, 2017, individuals with severe complex mental health issues with alcohol co-morbidity or acquired brain injury will have access to supportive housing in or near their community.	50% reduction in ER visits by individuals with severe or complex mental health issues by March 31, 2017 50% reduction in readmissions of individuals with severe, complex mental health issues by March 31, 2017.	Assertive Recovery Support Project – Reduce readmission rate to MHAS (Mental Health & Addictions Services) by 20%, or 10 clients, by November 2012.	New readmission patterns have been factored into the original equation.					DF/TH
		Admission criteria to MHAS.	LOCUS Assessment being implemented.					DF/TH
		Implement recovery model services for MHAS.	95% of clients have an initial Multnomah Community Ability Scale completed.					DF/TH
		Reduce LOS and implement Discharge Planning for MHAS: -develop customer profile by April 31, 2012 -future state value map by June 30, 2012 -pilot standardized d/c process by March 31, 2013	Not meeting target yet. Steps being taken.					DF/TH
								DF/TH
								DF/TH

Deploy a continuous improvement system, including training, and infrastructure across the health system with an initial focus on the surgical value stream and 3P within FHHR, PNHR, PAPHR and SHR.								
Provincial 5 Year Outcomes	Measures	FHHR Projects 2012-13	Reporting of Progress	Q1	Q2	Q3	Q4	Lead
By March 31, 2017 (based on a 5-year rolling average) the healthcare budget increase is less than the increase to provincial revenue growth.	Health care budget growth compared to actual 5-year rolling average of the provincial revenue growth.	Develop new hospital facility.	Project on target.					JL
		Develop Staffing Plan Transition by October 2012 to achieve Navigant Staffing Standards.	No report provided.					BL/WB
		Implement Lean Management System by March 31, 2013 to support lean training and certification.	5 KPO staff have completed Lean Leader Certification training; an additional 20 members have completed approximately 50% of their training.					BL
		Develop KPO and related infrastructure for continuous improvement and support for 3P events, RPIWs and other CI activities.	KPO has been set up and positions have been filled.					BL
	By March 2013, 10% of the 5-year targeted # of employees will be trained in continuous improvement basics.	1250 staff members complete training in Kaizen Basics by March 31, 2013. Long Term Goal - All staff members trained.	The first 15 Kaizen Basics courses have been scheduled and almost all spots have been filled.					

## Better Value

Provincial 5 Year Outcomes	Measures	FHHR Projects 2012-13	Reporting of Progress	Q1	Q2	Q3	Q4	Lead
8% of the health care budget is strategically invested in IT (Information Technology), equipment and facility renewal.		Implementation of Sunrise Clinical Manager in ER by June 2012	Target met.					WB/LA
		Reduce LOS on GARU, Transition Unit (less than 18 days) and Medicine (less than 6 days) by 50% by March 31, 2013.	No report available.					BL/LA

## Better Teams

Provincial 5 Year Outcomes	Measures	FHHR Projects 2012-13	Reporting of Progress	Q1	Q2	Q3	Q4	Lead
<b>Safety Culture: Focus on Patient and Staff Safety</b>								
Zero workplace injuries by March 31, 2017.	Number of lost-time WCB (Workers' Compensation Board) claims per 100 FTEs (Full Time Equivalent)	Implement a risk assessment tool in 3 facilities/programs with highest time lost and 1 facility with lowest time lost.	Risk assessment tool not yet implemented – have agreed to implement in pilot area of Environmental Services once developed.					SC
Employee Engagement Provincial Average score exceeds 80% by March 31, 2017	% of RHAs and SCA (Saskatchewan Cancer Agency) staff rating overall engagement as favourable.	Develop and implement an employee engagement action plan by March 31, 2013	On target to have Employee Engagement Action plan implemented in FHHR by March 31, 2013.					SC
By March 31, 2017, increase physician engagement score by 50%	Physician Engagement Score (under development)	Develop and implement a physician engagement plan by March 31, 2013. (in consultation with Ministry)	Being developed at a provincial level.					SC/FR



## Daily Work

Initiative	Initiative Measure	Initiative Target	Reporting of Progress	Q1	Q2	Q3	Q4	Lead
<b>Achieve timely access to evidence-based and quality health services and supports.</b>								
Reduce the number of individuals waiting for LTC (Long Term Care) in AC (Acute Care)	# of AC beds awaiting LTC placement who've been assessed and approved for LTC and not in acute state.	3.5% or less of total AC beds occupied by clients waiting for LTC placement by March 31, 2013.	Continue to be below target.					BL
<b>Continuously improve health care safety in partnership with patients and families.</b>								
Ongoing monitoring, chart audits, properly charting end-of-life care – analysis of HSMR by diagnosis	HSMR (Hospital Standardized Mortality Ratio)	2012-13 HSMR to be lower than reported HSMR in 2011-12 by March 31, 2013.	No report available.					LA/FR
Falls Prevention Strategy	# and % of LTC residents who experience a fall, including affiliated and for-profit LTC facilities	Reduce # of LTC residents who experience a fall by 5%. Provincial average in 2011-12 was 33%. FHHR was 38%.	Ministry data not available.					BL
	Prevalence of Daily Physical Restraints	Decrease prevalence of daily physical restraints, or remain the same as 2011-12 level of 14%.	Use of restraints has been decreasing over the past years and we continue to comply with a policy of least restraint.					BL

## Daily Work

Initiative	Initiative Measure	Initiative Target	Reporting of Progress	Q1	Q2	Q3	Q4	Lead
<b>Work together to create safe, supportive and quality workplaces.</b>								
Improve scheduling process, attendance support and workplace safety to reduce wage driven premiums and injury costs.	# of sick time hours per FTE	1% reduction in sick leave hours per FTE (66 hours per FTE)	Not meeting the target and in fact, have seen a significant increase over last year's corresponding quarter.					SC
	WDP (Wage driven premium) hours per FTE	14.6% reduction	Target being met.					

BL – Bert Linklater, Senior Executive Director, Operations

DF – Dan Fraser, Acting Executive Director, Mental Health and Addictions Services

DF – Dianne Ferguson, Executive Director, Primary Health Care

FR – Dr. Fauzi Ramadan, Senior Medical Officer

JA – Jim Allen, Acting Executive Director, Environmental Services

JL – John Liguori, Executive Director, New Hospital Project

LA – Laurie Albinet, Executive Director, Clinical Services

MV – Mark Vooght, Medical Health Officer

SC – Stuart Cunningham, Executive Director, Human Resources

TH – Terry Hutchinson, Executive Director, Mental Health and Addictions Services

WB – Wayne Blazieko, Executive Director, Finance/Chief Financial Officer

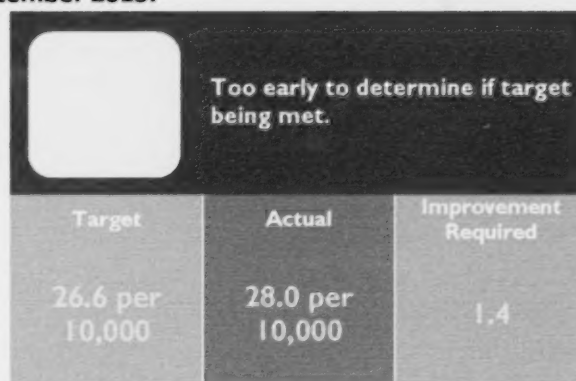
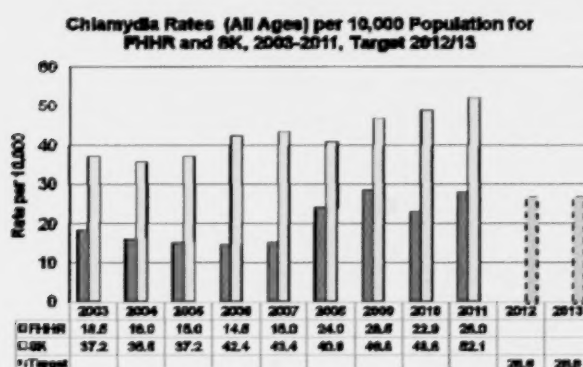
## BETTER HEALTH

### Provincial Hoshin:

Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.

**Provincial 5-Year Outcome: 50% reduction in the incidence of communicable disease (TB, HIV, STIs & MRSA) by March 31, 2017**

**FHHR Project: Reduce chlamydia rates by 5% by September 2013.**



### WHAT IS BEING MEASURED?

**Indicator:** Chlamydia rate per 10,000 population

**Definition:** Number of Chlamydia per 10,000 population in FHHR and SK from 2002 to 2011

#### Calculation:

$$\frac{\text{Number of Chlamydia cases in FHHR or SK}}{\text{Total population in FHHR or SK}} \times 10,000$$

**Data Source:** Ministry of Health yearly report

### WHY IS THIS OF INTEREST?

Chlamydial sexually transmitted infections (STI's) are prevalent in the province of Sask and the FHHR and are rising. Chlamydia can predispose to contracting HIV, and can also be a silent disease in many cases, which can result in extended transmission.

### WHAT IS THE TARGET?

Reduce the 2011 Chlamydia rate, by 5% in 18 months, ie. by September 2013.

### HOW ARE WE DOING?

The FHHR Chlamydia rate overall for all ages is consistently lower than that for SK – see graph.

### WHAT ACTIONS ARE WE TAKING?

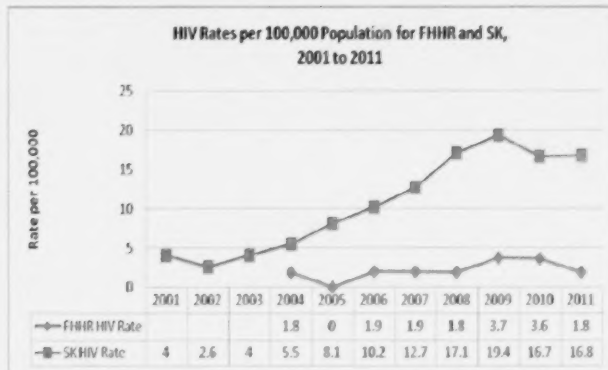
- FHHR will follow the draft recommendations of the STI Task Group, when they are finalized. These recommendations will be harmonized with the provincial HIV strategy
- Agreement with SDCL to supply us with monthly total numbers of Chlamydia tests, and the test positivity rate.
- FHHR working with RIC and its community partners, to:
  - Create normalization of testing
  - Create a support group for those with STD's
  - Create awareness amongst youth, public agencies and vulnerable groups.

## BETTER HEALTH Provincial Hoshin:

Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.

**Provincial 5-Year Outcome: 50% reduction in the incidence of communicable disease (TB, HIV, STIs & MRSA) by March 31, 2017**

**FHHR Project: Monitor number of new HIV cases.**



Determined Annually		
Target	Actual	Improvement Required
1.7 per 100,000	1.8 per 100,000	5% decrease

### WHAT IS BEING MEASURED?

**Indicator:** HIV rate per 100,000 population

**Definition:** Number of HIV per 100,000 population in FHHR and SK from 2001 to 2011

#### Calculation:

$$\frac{\# \text{ of HIV cases in FHHR or SK}}{\text{total population in FHHR or SK}} \times 100,000$$

**Data Source:** Ministry of Health yearly report

### WHY IS THIS OF INTEREST?

HIV diminishes a person's ability to combat disease, requires many supports and can impact ability to work. At the same time, treatment and health-care costs related to HIV/AIDS are increasing.

### WHAT IS THE TARGET?

For FHHR, 5% reduction in the number of new reported HIV cases from the baseline (2011-12 data on the number of new reported HIV cases) by 2013-14.

### HOW ARE WE DOING?

FHHR has low HIV incident numbers, and lower rate, compared to SK.

Injection Drug Users (IDU's) continue to be a high risk cohort in the FHHR.

### WHAT ACTIONS ARE WE TAKING?

Specific objectives in support of the NEP-enhancement portion, of the SK HIV strategy, to support general population, and IDU's:

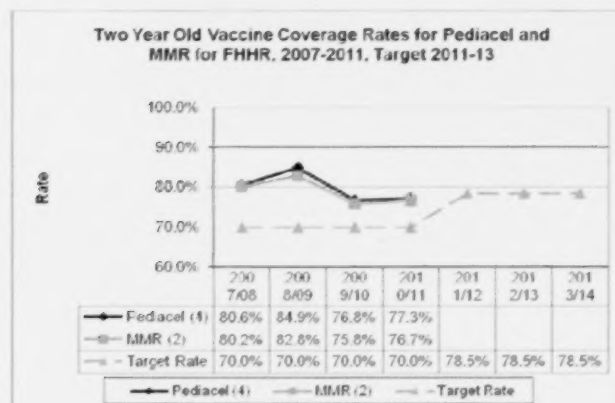
- Strategies to maximize, and normalize, regular testing for BBP
- Implement findings of 2012 HIV Forum (i.e., creating an awareness amongst youth, public agencies, and the vulnerable);
- Create a support-group for those with BBP's

## BETTER HEALTH Provincial Hoshin:

**Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.**

**Provincial 5-Year Outcome: 50% reduction in the incidence of communicable disease (TB, HIV, STIs & MRSA) by March 31, 2017**

**FHHR Project: Increase immunization coverage by 2% for 2 – and 7- year old age cohorts by September 2013.**



Unavailable due to timing of Ministry reporting		
Target	Actual	Improvement Required
Pediacel – 78.8%	Pediacel – 77.3%	2%
MMR – 78.2%	MMR – 76.7%	
Average – 78.5%	Average – 77.0%	

### WHAT IS BEING MEASURED?

**Indicator:** Two year-old immunization coverage rates, using Pediacel and MMR as representative vaccines

**Definition:** percentage coverage of two year-old children (2.00-2.99 years old), Pediacel and MMR in FHHR, from 2007 onwards

#### Calculation:

$$\frac{\text{\# of 2 year old children immunized}}{\text{Total \# of 2 years old children in FHHR}} \times 100$$

**Data Source:** Ministry of Health yearly immunization coverage rates by vaccine antigen (type)

### WHY IS THIS OF INTEREST?

Determining immunization rates within the publicly funded provincial immunization program, including immunization rate of two years old children immunization (vaccination), enables us to evaluate how well this age-cohort is protected against specific vaccine-preventable diseases.

### WHAT IS THE TARGET?

Improve immunization coverage by 2% for 2 and 7 year olds by September 2013

### HOW ARE WE DOING?

Our immunization coverage rates are all higher than the provincial target rates, from 2007/2008 to 2009/2010. 2011/12 data is pending from the Ministry.

### WHAT ACTIONS ARE WE TAKING?

- Survey intended to elicit barriers to receiving immunizations surveys conducted in June 2012
- Considering best methodology to further identify barriers to service experienced by under-immunized populations
- Tracking various appointment related measures to better understand and address backlog (3<sup>rd</sup> NAA, cancellation rates)
- Realignment of PHN program areas to improve continuity of care
- Exploring electronic scheduling options

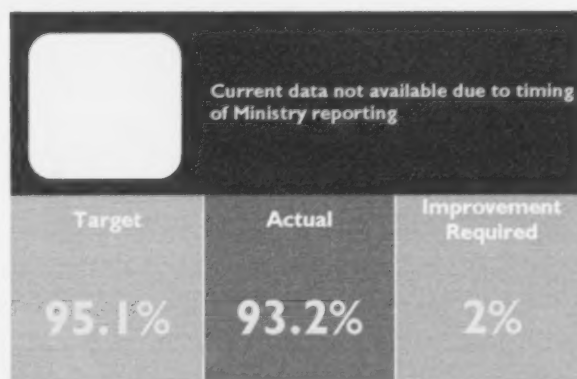
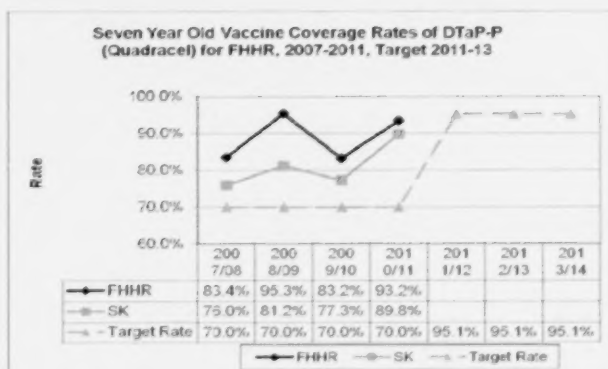
## BETTER HEALTH

### Provincial Hoshin:

**Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.**

**Provincial 5-Year Outcome: 50% reduction in the incidence of communicable disease (TB, HIV, STIs & MRSA) by March 31, 2017**

**FHHR Project: Increase immunization coverage by 2% for 2 – and 7- year old age cohorts by September 2013.**



#### WHAT IS BEING MEASURED?

**Indicator:** Seven years old immunization coverage rates, using DTaP-P as representative vaccines

**Definition:** percentage coverage of seven years old children, DTaP-P in FHHR, from 2007 onwards

**Calculation:**

$$\frac{\text{\# of 7 years old children immunized in FHHR}}{\text{Total \# of 7 years old children in FHHR}} \times 100\%$$

**Data Source:** Ministry of Health yearly immunization coverage rates by vaccine antigen (type)

#### WHY IS THIS OF INTEREST?

Determining immunization rates within the publicly funded provincial immunization program, including immunization rate of seven years old children immunization (vaccination), enables us to evaluate how well this age-cohort is protected against specific vaccine-preventable diseases.

#### WHAT IS THE TARGET?

95.1%

#### HOW ARE WE DOING?

Our immunization coverage rates are all higher than the provincial target rates, from 2007/2008 to 2009/2010. 2011/12 data is pending from the Ministry.

#### WHAT ACTIONS ARE WE TAKING?

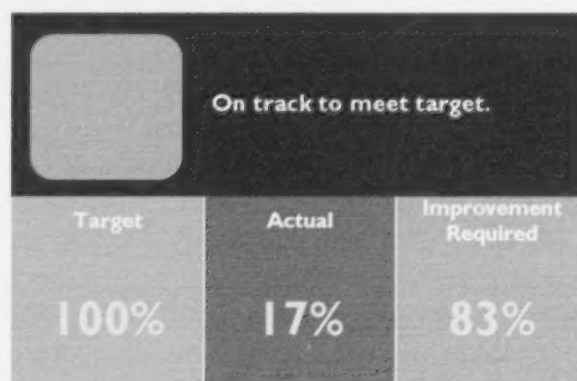
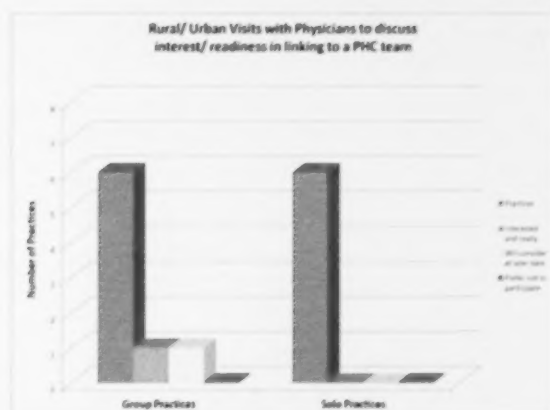
- Survey intended to elicit barriers to receiving immunizations surveys conducted in June 2012
- Considering best methodology to further identify barriers to service experienced by under-immunized populations
- Tracking various appointment related measures to better understand and address backlog (3<sup>rd</sup> NAA, cancellation rates)
- Realignment of PHN program areas to improve continuity of care
- Exploring electronic scheduling options



## BETTER HEALTH Provincial Hoshin: Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.

**Provincial 5-Year Outcome:** 50% improvement in number of people surveyed who say, "I can see my primary health care team on my day of choice" by March 31, 2017

**FHHR Project:** Create a plan (and submit quarterly reports to the Ministry) for progressing Primary Health Care across the region by March 31, 2013.



### WHAT IS BEING MEASURED?

**Indicator:** Creating a plan for progressing primary health care across the region, including an engagement plan with physicians.

**Definition:** Plan is in place

#### Calculation:

Number of family physicians in group practice or solo practice, urban and rural who have met with Executive Director PHC and Clinical Practice Redesign Coach.

**Data Source:** Prototyping at Kliniek on Main PHC Team; Physician interviews to determine interest and readiness to advance to team based PHC.

### WHY IS THIS OF INTEREST?

All PHC teams must be linked to a family physician. To advance PHC, physicians need to be actively engaged and participating in planning and implementation activities.

### WHAT IS THE TARGET?

An individual meeting has been offered to all family physicians not presently linked to a PHC team by Dec 31, 2012

Create plan to progress PHC across the region based on interest and readiness of family physicians from interviews and lessons from prototyping at Kliniek on Main.

### HOW ARE WE DOING?

Two urban group practices have had meetings

### WHAT ACTIONS ARE WE TAKING?

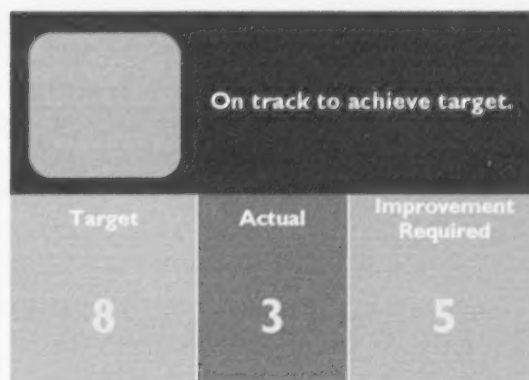
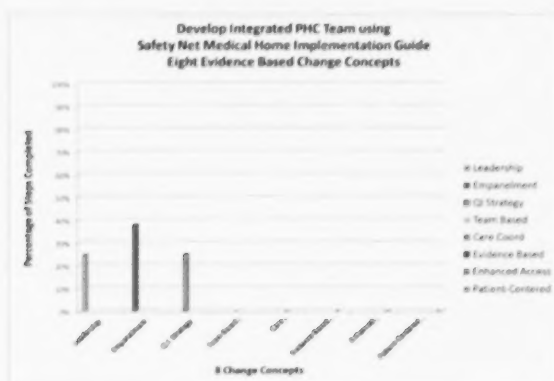
Continue to set up meetings with physicians over next four months



## BETTER HEALTH Provincial Hoshin: Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.

**Provincial 5-Year Outcome:** 50% improvement in number of people surveyed who say “I can see my primary health care team on my day of choice” by March 31, 2017

**FHHR Project:** Develop Integrated Primary Health Care Team.



### WHAT IS BEING MEASURED?

**Indicator:** Implementation of 8 evidence-based change concepts for successful implementation of “PHC Home”

**Definition:** Create a prototype at Kliniek on Main PHC team utilizing the 8 change concepts developed by MacColl Centre for Health Care Innovation, Qualis Health and Group Health for implementation of a Safety Net Medical Home

**Calculation:** Within each change concept, identify number of elements underway & number to be initiated to complete concept.

**Data Source:** Safety Net Medical Home Implementation Guide and Saskatchewan PHC Redesign Framework.

### WHY IS THIS OF INTEREST?

Having a standard prototype to follow provides structure and direction to established PHC teams and new teams as teams integrate new members; evolve and grow over time.

### WHAT IS THE TARGET?

To initiate implementation of “the foundational” elements of each of the 8 change concepts that are applicable to Canadian Healthcare System at Kliniek on Main by March 31, 2013. To fully implement the eight change concepts is a journey over many years.

### HOW ARE WE DOING?

Change concept #1: Empowerment of customers to providers is underway, includes understanding the population, Supply and Demand, contingency planning, defining active customers

Change concept # 2: Leadership – Manager Integrated Teams to provide the day to day on-site supervision of this work is posted

Change concept # 3: Quality Improvement – Lean will be methodology used; data to be tracked is being determined; value stream mapping is booked

### WHAT ACTIONS ARE WE TAKING?

The renovation project at Kliniek on Main has taken longer than anticipated and slowed progress to implement the change concepts. Turnover in front office staff is impacting progress.

Team meets weekly to advance the work.

## BETTER HEALTH

### Provincial Hoshin:

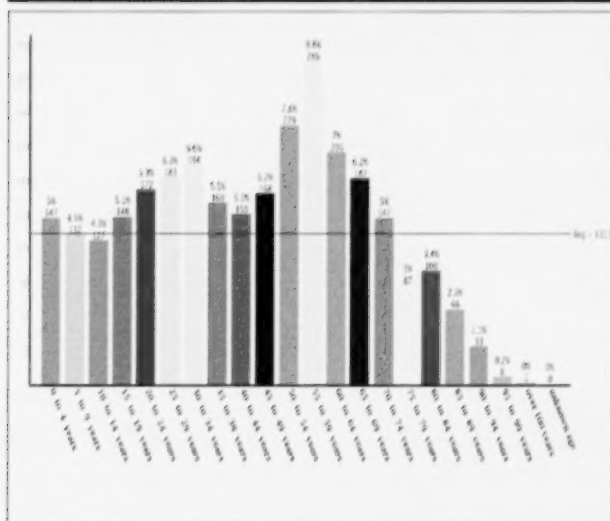
**Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.**

**Provincial 5-Year Outcome:** 50% improvement in number of people surveyed who say, "I can see my primary health care team on my day of choice" by March 31, 2017

**FHHR Project:** By March 31, 2013 Kliniek on Main (KoM) has in-depth understanding of population served with regular monthly reports monitoring changes.

**Note:** This is only MJ and only one measure of many to understand population)

Age Distribution Histogram



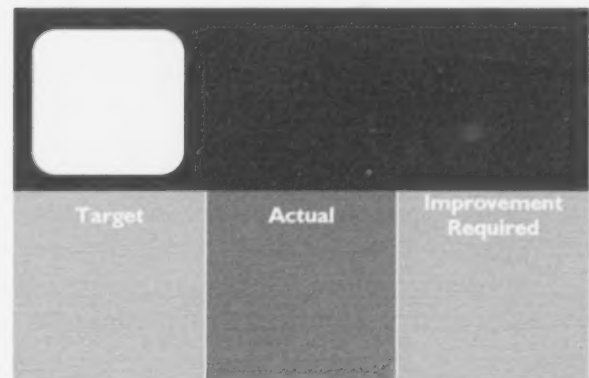
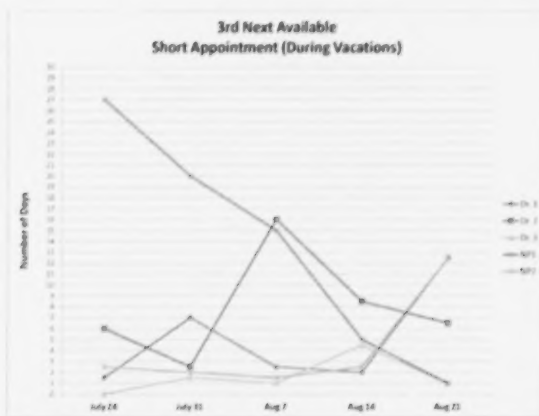
## BETTER HEALTH

### Provincial Hoshin:

**Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.**

**Provincial 5-Year Outcome: 50% improvement in number of people surveyed who say, "I can see my primary health care team on my day of choice" by March 31, 2017**

**FHHR Project: By March 31, 2013 Kliniek on Main (KoM) provides same-day access through day of choice, telehealth or telephone care.**



#### WHAT IS BEING MEASURED?

**Indicator:** Third next available appointment (3<sup>rd</sup> NAA); supply and demand

**Definition:** 3<sup>rd</sup> NAA indicates if there is backlog

**Calculation:**  
Count the third next open appointment

**Data Source:** 3<sup>rd</sup> NAA is counted by MOA on same day each week

#### WHY IS THIS OF INTEREST?

3<sup>rd</sup> NAA identifies if a provider is working in a backlog situation; need to eliminate backlog to have open access

Want customers to have access to their care team when they need service

#### WHAT IS THE TARGET?

Same day access to care team at Kliniek on Main – either physician or NP on care team or another provider if appointment urgent

#### HOW ARE WE DOING?

With second NP and a 3<sup>rd</sup> and 4<sup>th</sup> physician joining the team, most days all providers have some open appointments available if customer is willing to see someone other than regular provider.

#### WHAT ACTIONS ARE WE TAKING?

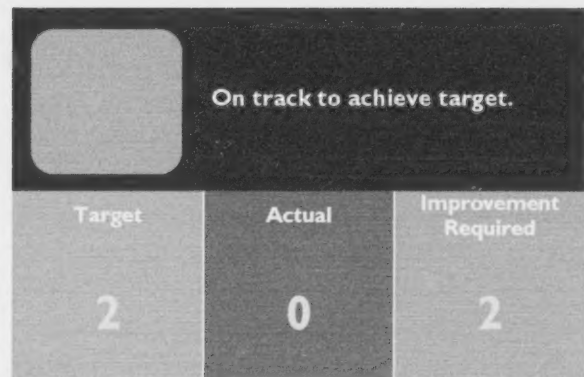
Working to measure consistently; trying to get the electronic health record reports to accurately report data to reduce manual data collection; striving to review measures as a team on regular basis.

## BETTER HEALTH Provincial Hoshin:

**Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.**

**Provincial 5-Year Outcome: 50% improvement in number of people surveyed who say, “I can see my primary health care team on my day of choice” by March 31, 2017**

**FHHR Project: By March 31, 2013 two new team member disciplines fully integrated and future state value stream map will be completed.**



### WHAT IS BEING MEASURED?

**Indicator:** Two new team members fully integrated into PHC Team

**Definition:** Team members are co-located with the PHC team for some of their work day; as team members they participate in the planning and delivery of care for identified customers on their team.

**Calculation:**

**Data Source:**

### WHY IS THIS OF INTEREST?

Evidence indicates that delivery of care by a team results in better outcomes for customers.

Transformation of the healthcare system requires restructuring from siloed departments to processes that flow across departments

**WHAT IS THE TARGET?** To fully integrate two new team members into PHC team – LPN in Central Butte; Mental Health & Addictions at Klinik on Main will be explored.

### HOW ARE WE DOING?

The PHC Integrated Team Committee is made up of a variety of Directors working on the logistics of having staff located or regularly participating on PHC teams and impact on present services. This Committee will guide on-going work to integrate team members.

### WHAT ACTIONS ARE WE TAKING?

Value stream mapping to understand current state is being booked in Central Butte and Klinik on Main in the next quarter.

Initial task - skill analysis has been done at Klinik on Main

Self-assessment of integration of Mental Health & Addictions with PHC Teams completed Aug 23.

## BETTER HEALTH Provincial Hoshin:

**Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.**

**Provincial 5-Year Outcome:** By March 31, 2017, seniors will have access to supports that will allow them to age within their own home and progress into other care options as their needs change.

**FHHR Project:** Develop a “Home First” project by March 31, 2013 to support seniors who want to stay at home.

### WHAT IS BEING MEASURED?

**Indicator:** Potentially # of ALOC days; % of change in LTC WP

**Definition:**

**Calculation:**

**Data Source:**

**WHY IS THIS OF INTEREST?** This is a Provincial Hoshin considering options for post-acute seniors requiring an ALOC (alternate level of care); the philosophy involves the patient and the family in the decision making regarding care therefore improving the team based quality, safety, and efficiency of patient centered care. The hoshin addresses the required supports and resources that can be put in place to allow seniors to return to their preferred placement which is often the home. Quality of life is not necessarily correlated with risk and is often higher when patients choose their own destination giving consideration to the individual specified quality of life.

**WHAT IS THE TARGET?** There is significant internal planning ongoing within the Continuing Care Branch at the Provincial Level regarding the possibility of senior supports and a potential Guiding Coalition for the regions. Discussions at the Provincial level also include the opportunities for Pilot Projects for the Provincial Hoshin for 2013/2014. The expectation for the regions at this point is to continue with any “in progress” projects



and to examine potential gains in tailoring the Ontario Home First program to the Saskatchewan context.

**HOW ARE WE DOING?** Currently we have some work ongoing looking at patients with LOS >10 days on Medicine, Surgery and Paediatrics; recording physician reason for extended length of stay.

**WHAT ACTIONS ARE WE TAKING?** At the regional level, elements of the Home First program currently exist. This program requires a system wide approach and collaboration of the Health Care team. The expectation from a Provincial level is that the team explores opportunities to develop elements of the Home First program that aligns with the Sask. context.

Another element to this program is underpinned with the Chronic Disease Management and preventative care for seniors.

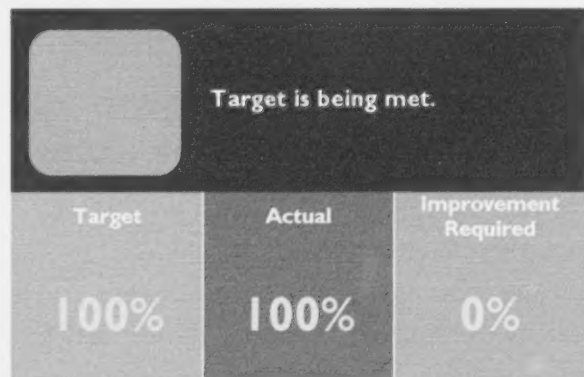


## BETTER CARE Provincial Hoshin:

**Transform the patient experience through Sooner, Safer, Smarter, surgical care**

**Provincial 5-Year Outcome:** By March 31, 2017, there will be a 50% reduction in patient wait times from GP (general practitioner) referrals to specialist and diagnostic services.

**FHHR Project: Clinical Practice Redesign (CPR) implemented in one surgeon's office by March 31, 2012.**



### WHAT IS BEING MEASURED?

**Indicator:** Implementation of CPR in one Surgeon's office within FHHR.

#### Definition:

Clinical Practice Redesign (CPR) supports providers in helping them deliver exceptional patient care by improving office processes and effectiveness within their own practices as well as improving communication and processes between practices and other health care services

**Data Source:** FHHR Kaizen Promotion Office (KPO)

### WHY IS THIS OF INTEREST?

CPR provides a number of benefits for patients, providers, and the overall health care system. The CPR initiative is designed to achieve four objectives:

1. Improve the patient experience;

2. Improve access and efficiency within practice settings;
3. Improve access and efficiency between practice settings; and
4. Improve the staff experience

### WHAT IS THE TARGET?

CPR implemented in one surgeon's office by March 31, 2012.

### HOW ARE WE DOING?

Program has been implemented since January 2012 in one surgeon's office with 100% compliance

### WHAT ACTIONS ARE WE TAKING?

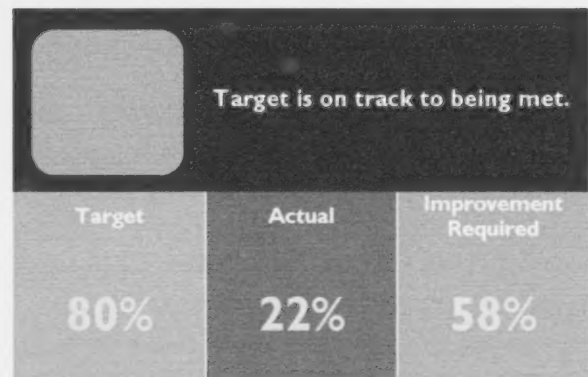
Ongoing meetings with physicians and continuing to monitor.

## BETTER CARE Provincial Hoshin:

**Transform the patient experience through Sooner, Safer, Smarter, surgical care**

**Provincial 5-Year Outcome:** By March 31, 2017, there will be a 50% reduction in patient wait times from GP (general practitioner) referrals to specialist and diagnostic services.

**FHHR Project: Clinical Practice Redesign (CPR) implemented in 80% of physician offices by March 31, 2014.**



### WHAT IS BEING MEASURED?

**Indicator:** Implementation of CPR in physicians' office within FHHR

**Definition:** Clinical Practice Redesign (CPR) supports providers in helping them deliver exceptional patient care by improving office processes and effectiveness within their own practices as well as improving communication and processes between practices and other health care services

**Data Source:** FHHR Kaizen Promotion Office (KPO)

### WHY IS THIS OF INTEREST?

CPR provides a number of benefits for patients, providers, and the overall health care system. CPR initiative is designed to achieve four objectives:

1. Improve the patient experience;

2. Improve access and efficiency within practice settings;
3. Improve access and efficiency between practice settings; and
4. Improve the staff experience

### WHAT IS THE TARGET?

CPR implemented in 80% of physician offices by March 31, 2014.

### HOW ARE WE DOING?

At end of Q1 we have accomplished 22% implementation, continuing at this pace we will exceed our target.

### WHAT ACTIONS ARE WE TAKING?

Working together with HQC to hire more coaches to help the region with capacity issues. Continuing to work with Primary Health Care

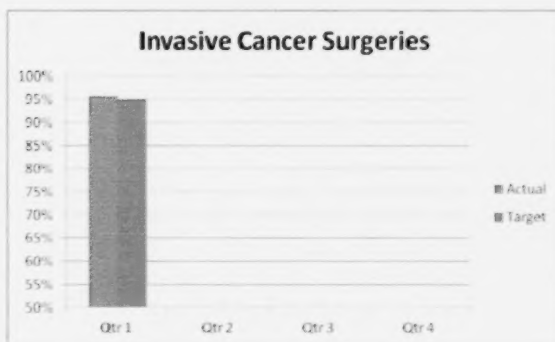


## BETTER CARE Provincial Hoshin:

**Transform the patient experience through Sooner, Safer, Smarter, surgical care**

**Provincial 5-Year Outcome:** By March 31, 2015, all cancer surgeries or treatment are done within the consensus-based time frames from the time of suspicion or diagnosis of cancer.

**FHHR Project:** 95% of invasive cancer surgeries are performed within 3 weeks.



### WHAT IS BEING MEASURED?

**Indicator:** All cancer patients will receive the appropriate surgery timeframe.

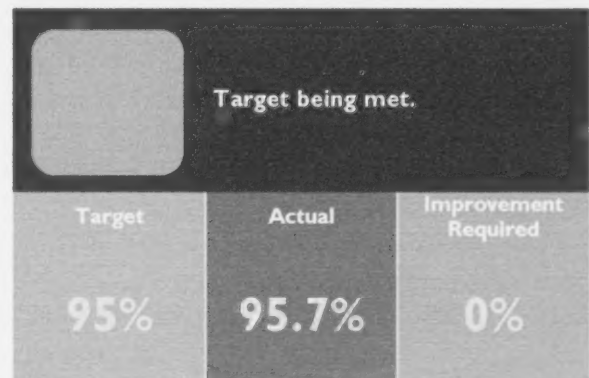
#### Definition:

There are many types of cancer and their diagnosis and treatment varies. Surgery, chemotherapy and radiation therapy are common treatments. Some patients require only one treatment, such as surgery, while others require combinations of treatments. It is imperative that early screening and detection take place to ensure that all cancer patients are treated in a timely matter.

**Data Source:** Saskatchewan Ministry of Health

### WHY IS THIS OF INTEREST?

One in three people will be diagnosed with cancer in their lifetime. In Saskatchewan, an estimated 5,200 new cases of cancer will be diagnosed and 2,400 people will die (Canadian Cancer Society Statistics 2010). The five-year survival rate has



nearly doubled since the 1960s due in part to early detection.

### WHAT IS THE TARGET?

95% of invasive cancer surgeries performed within three weeks

### HOW ARE WE DOING?

95.7% of cancer patients have received surgery within three weeks.

### WHAT ACTIONS ARE WE TAKING?

Continuing to screen and prioritize all cancer patients to ensure that surgery is complete within three weeks.

## BETTER CARE

### Provincial Hoshin:

### Transform the patient experience through Sooner, Safer, Smarter, surgical care

**Provincial 5-Year Outcome:** By March 31, 2013, all patients are offered the option to have surgery within six months.

**FHHR Project:** Develop evidence-based criteria for cancellation of surgery by December 31, 2012. 100% compliance with criteria by June 30, 2013.



#### WHAT IS BEING MEASURED?

##### **Indicator:**

To identify evidence based criteria for surgeries cancelled at Moose Jaw Union Hospital (MJUH)

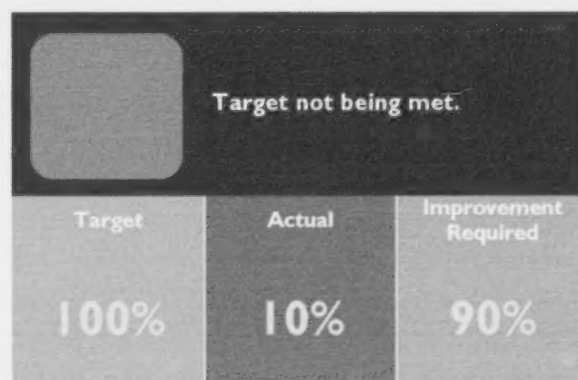
##### **Definition:**

Cancellations can occur for a variety of reasons, some of which are health system related (e.g. no bed is available) and others that are patient related (e.g. the patient does not show up or the surgery can't be performed because the patient is not clinically ready for surgery on the scheduled date).

##### **Calculation:**

Estimated progress of project

**Data Source:** HJUH Operating Room



#### WHY IS THIS OF INTEREST?

To decrease wait times for surgery in Saskatchewan and sub-optimal use of MJUH operating room time.

#### WHAT IS THE TARGET?

Develop evidence based criteria for cancellation of surgery by December 31, 2012. 100% compliance with criteria by June 30, 2013.

#### HOW ARE WE DOING?

Plan for criteria implementation was presented to the Department of Surgery on February 12, 2012. Have collected 3 months of data which will be presented at the next Surgical Services meeting.

#### WHAT ACTIONS ARE WE TAKING?

Gathering baseline data regarding # of cancellations and reasons associated with the cancellations.

## BETTER CARE Provincial Hoshin:

**Transform the patient experience through Sooner, Safer, Smarter, surgical care**

**Provincial 5-Year Outcome:** By March 31, 2014, all patients have the option to receive necessary surgery within three months.

**FHHR Project:** Increase patient awareness of Shared Decision Making for Hip & Knee Replacements by 75% by March 31, 2013.



### WHAT IS BEING MEASURED?

**Indicator:** Shared Decision Making for all Hip and Knee Replacement clients.

#### Definition:

Shared decision making (SDM) is the collaboration between the health care provider and the patient, through two-way communication and information exchange, to come to an agreement about a treatment decision best suited to the patient.

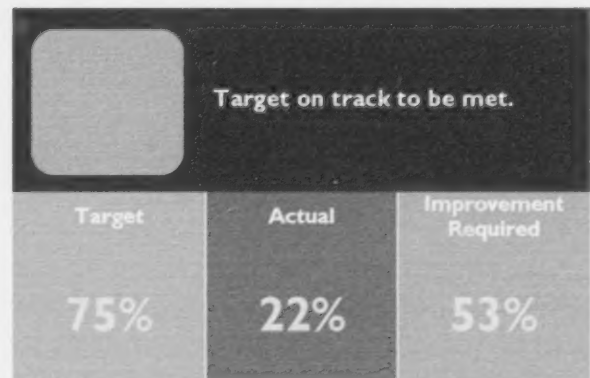
#### Calculation:

$$\frac{\# \text{ of pts informed about SDM}}{\# \text{ of pts receiving H\&K Surgery}} = \text{Target}$$

**Data Source:** MJUH Physiotherapy Department

### WHY IS THIS OF INTEREST?

Research shows that when patients receive information about their condition and



treatment options, they want to be more involved in decisions about care. Unless patients are presented with and engaged in discussion, their decisions will not be fully informed and may not be consistent with their values.

### WHAT IS THE TARGET?

To increase patient awareness of Shared Decision Making for Hip and Knee Replacements by 75% by March 31, 2013.

### HOW ARE WE DOING?

At end of Q1, we have achieved 22% completion and are on track to exceed our expected target.

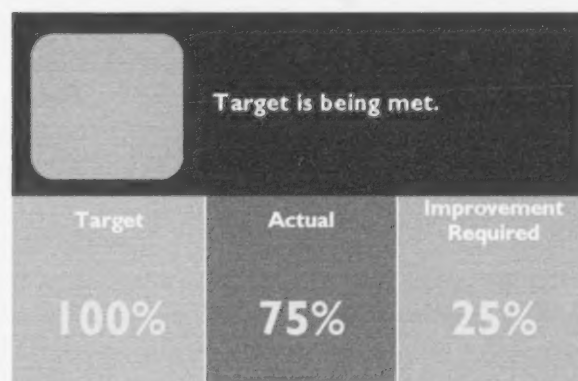
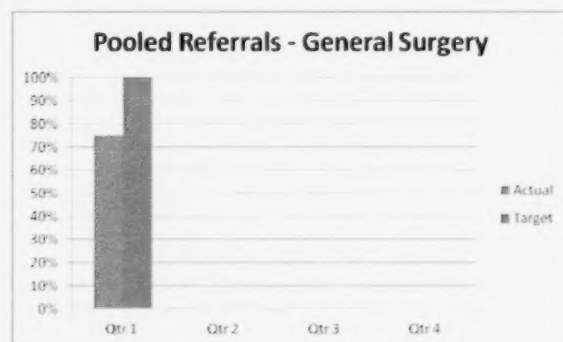
### WHAT ACTIONS ARE WE TAKING?

Continuing to inform and educate our clients regarding SDM.

## BETTER CARE Provincial Hoshin: Transform the patient experience through Sooner, Safer, Smarter, surgical care

**Provincial 5-Year Outcome:** By March 31, 2014, all patients have the option to receive necessary surgery within three months.

**FHHR Project:** Implement pooled referrals for general surgery by December 31, 2013.



### WHAT IS BEING MEASURED?

**Indicator:** Pooled referrals to decrease wait times within FHHR.

**Definition:** Pooled referral systems offer patients multiple access points to receiving care from a qualified specialist, thereby reducing the time a patient may wait to receive treatment.

**Data Source:** FHHR Kaizen Promotion Office (KPO)

### WHY IS THIS OF INTEREST?

Pooled referrals match the flow of referrals to the capacity of the specialist, therefore reducing wait times for patients.

### WHAT IS THE TARGET?

Implement pooled referrals for general surgery by December 31, 2013.

### HOW ARE WE DOING?

At end of Q1, we are 75% complete towards meeting our expected target. Two out of three general surgeons have agreed to pooled referrals.

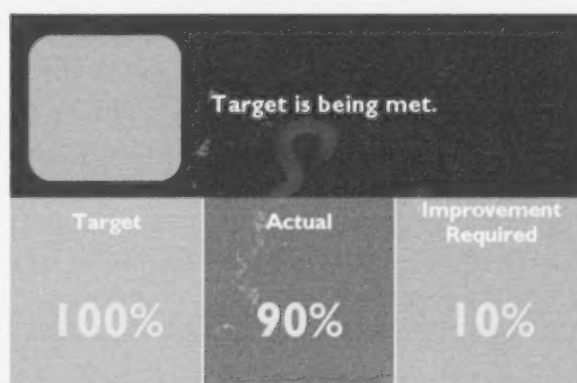
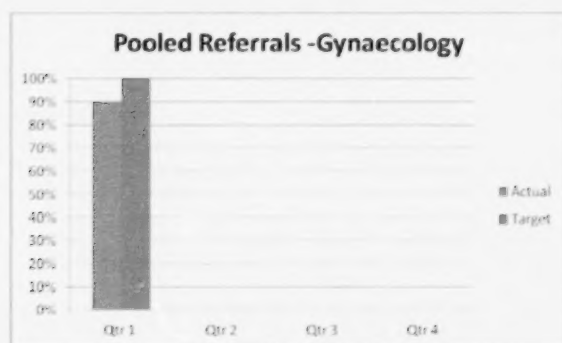
### WHAT ACTIONS ARE WE TAKING?

Further meetings will be held to fully implement all three general surgeons into pooled referrals. Discussion will take place at the next Department of Surgery meeting.

## BETTER CARE Provincial Hoshin: Transform the patient experience through Sooner, Safer, Smarter, surgical care

**Provincial 5-Year Outcome:** By March 31, 2014, all patients have the option to receive necessary surgery within three months.

**FHHR Project:** Implement pooled referrals for gynecology by December 31, 2013.



### WHAT IS BEING MEASURED?

**Indicator:** Pooled referrals to decrease wait times within FHHR.

**Definition:** Pooled referral systems offer patients multiple access points to receiving care from a qualified specialist, thereby reducing the time a patient may wait to receive treatment.

**Data Source:** FHHR Kaizen Promotion Office (KPO)

### WHY IS THIS OF INTEREST?

Pooled referrals match the flow of referrals to the capacity of the specialist, therefore reducing wait times for patients.

### WHAT IS THE TARGET?

Implemented pooled referrals for gynaecology by December 31, 2013.

### HOW ARE WE DOING?

At end of Q1 90% implementation of target has been achieved. By September pooled referrals will be fully implemented and exceeding our expected target of December 31, 2013.

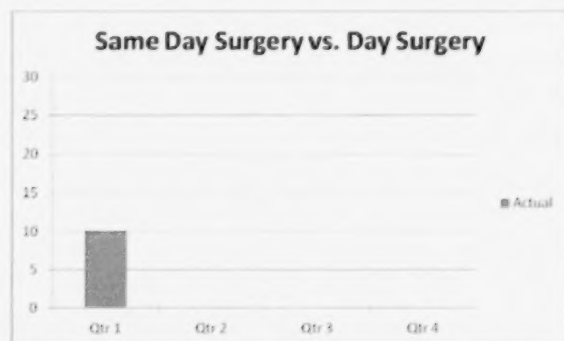
### WHAT ACTIONS ARE WE TAKING?

Continuing to monitor progress of pooled referrals.

## BETTER CARE Provincial Hoshin: Transform the patient experience through Sooner, Safer, Smarter, surgical care

**Provincial 5-Year Outcome:** By March 31, 2014, all patients have the option to receive necessary surgery within three months.

**FHHR Project:** Decrease variation in booking Day Surgery (DS) vs. Same Day Surgery (SDS) by 50% by March 31, 2013.



### WHAT IS BEING MEASURED?

**Indicator:** Booking procedures as a Day Surgery instead of a Same Day Surgery.

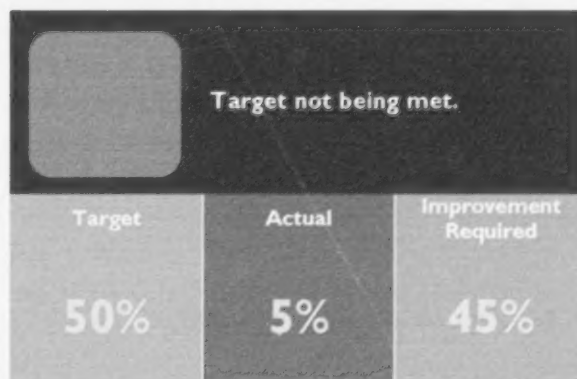
#### Definition:

Day surgery is best defined as 'the admission of selected patients to hospital for a planned surgical procedure, returning home on the same day. Same day surgery means that patients are admitted to the hospital on the day of their operation and stay a few days following the operation.

**Data Source:** Moose Jaw Union Hospital Operating Room/Day Surgery

### WHY IS THIS OF INTEREST?

By changing same day surgery patients to day surgery patients it will result in acute care beds being more available.



### WHAT IS THE TARGET?

Decrease variation in booking DS vs. SDS by 50% by March 31, 2013.

### HOW ARE WE DOING?

At end of Q1 we have changed 10 surgeries from same day surgery to day surgery.

### WHAT ACTIONS ARE WE TAKING?

- Educating physicians regarding evidence based standard practice for same day surgery vs. day surgery procedures.
- Have restructured scheduling of OR times, ensuring that day surgery patients are done as early in the day as possible to allow patients time to recover and not have to be admitted.
- Continuing to monitor progress.

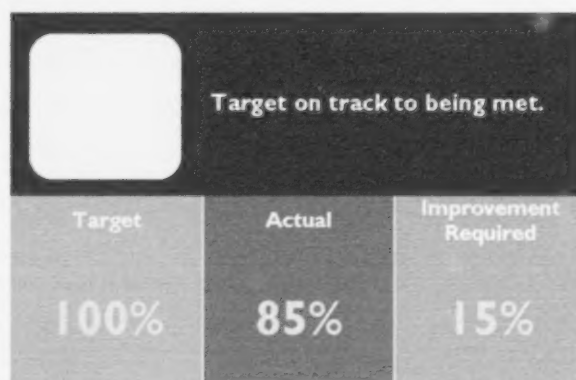
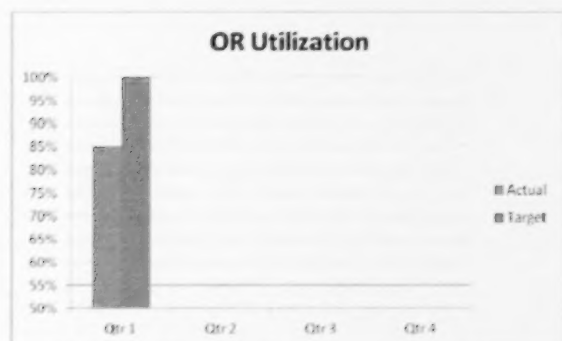


REVISED

**BETTER CARE**  
**Provincial Hoshin:**  
**Transform the patient experience through Sooner, Safer, Smarter, surgical care**

**Provincial 5-Year Outcome:** By March 31, 2014, all patients have the option to receive necessary surgery within three months.

**FHHR Project:** Increase itinerant surgeon capacity to utilize 100% of available OR time by March 31, 2013.



**WHAT IS BEING MEASURED?**

**Indicator:** 100% utilization of Moose Jaw Union Hospital (MJUH) operating rooms.

**Definition:**

Specialists and operating room teams, health regions, health care provider organizations and administrators are collaborating to ensure that by 2014, all Saskatchewan patients have the option of having their surgery within three months by utilizing 100% of operating room availability.

**Data Source:** MJUH Operating Room

**WHY IS THIS OF INTEREST?**

Some patients are still waiting too long for their surgery. We are committed to the Surgical Initiative in order to continue the work required and improvements made to date so that all patients can receive timely access to surgery.

**WHAT IS THE TARGET?**

Increase itinerant surgeon (i.e. surgeons from another center) capacity to 100% of available OR time by March 31, 2013.

**HOW ARE WE DOING?**

At end of Q1, 85% of operating room time was utilized.

**WHAT ACTIONS ARE WE TAKING?**

On call schedule for Orthopaedic coverage within FHHR is being revised to include coverage from itinerant surgeon to fully optimize OR time and reduce wait times. Reaching 100% utilization is not necessarily a realistic target. There will always be "down time" between cases that will reflect less than perfect utilization.

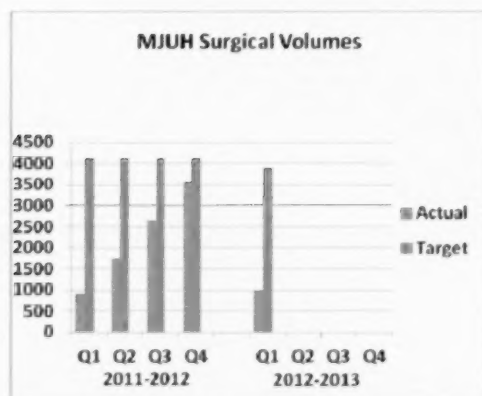


## BETTER CARE Provincial Hoshin:

**Transform the patient experience through Sooner, Safer, Smarter, surgical care**

**Provincial 5-Year Outcome:** By March 31, 2014, all patients have the option to receive necessary surgery within three months.

**FHHR Project:** Complete 3900 surgical cases by March 31, 2013.



### WHAT IS BEING MEASURED?

**Indicator:** Completion of 3900 surgeries with in FHHR.

#### Definition:

The healthcare system will need to increase its present surgical volume by just over eight per cent over the next four years in order to eliminate the surgical backlog and achieve the three-month wait time target. It is imperative that FHHR meet its target to help reduce surgical wait times.

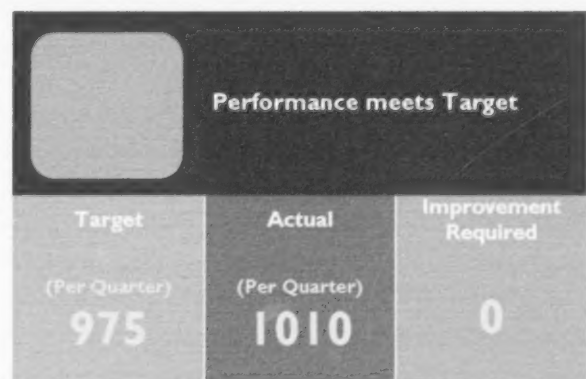
#### Calculation:

$\# \text{ Surgeries performed} = 100\% / 4\text{qtrs}$   
 $\# \text{ Surgeries expected (3900)}$

**Data Source:** Surgical Information System (SIS)

### WHY IS THIS OF INTEREST?

Reducing the provincial surgical wait times to three months in four years. Meeting targets for surgical



volumes, and increasing surgical volumes, combined with reducing wait times for diagnostic imaging and expanded use pathways, are all linked to achieving the target wait time.

### WHAT IS THE TARGET?

3900 surgical cases by March 31, 2013

### HOW ARE WE DOING?

At end of Q1 we have completed 1010 surgeries which exceed, our quarterly target of 975.

### WHAT ACTIONS ARE WE TAKING?

1. Continue utilization review of Operating Room usage per surgeons;
2. Developing criteria for same day cancellations of surgeries;
3. Review clinical variation – Day Surgery vs. Same Day Surgery procedures;
4. Shared Decision Making education.
5. Implementation of pooled referrals.

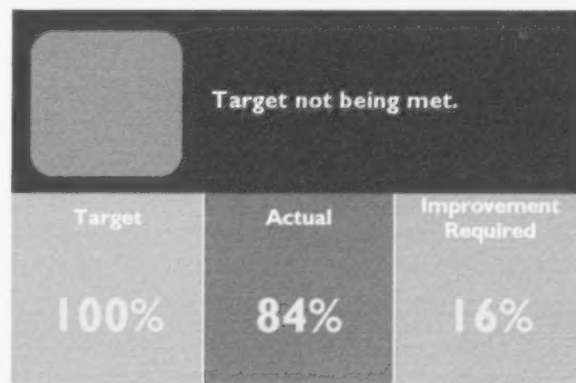
## BETTER CARE

### Provincial Hoshin:

### Transform the patient experience through Sooner, Safer, Smarter, surgical care

Provincial 5-Year Outcome: **By March 31, 2017, zero surgical infections from clean surgeries.**

FHHR Project: **100% completion of surgical checklist.**



#### WHAT IS BEING MEASURED?

**Indicator:** Checklist completion for all surgeries performed at Moose Jaw Union Hospital (MJUH).

#### Definition:

These safety checks have been combined in the form of a Surgical Safety Checklist to be used at three critical points during surgery: before the patient receives any form of anaesthetic, before the incision is made, and at the end of the operation.

#### Calculation:

$\frac{\# \text{ Surgical procedures using checklist}}{\# \text{ Total surgical procedures}} = 100\%$

$\# \text{ Total surgical procedures}$

**Data Source:** MJUH Operating Room

#### WHY IS THIS OF INTEREST?

Study results revealed deaths and complications dropped by more than one third. The Checklist improves communications among members of the surgical team during surgery and increases consistency in using proven standards of surgical care to reduce preventable complications and mortality.

#### WHAT IS THE TARGET?

100% Completion of surgical safety checklist.

#### HOW ARE WE DOING?

As of end of Q1 we are in 84% compliance. This is indicating there are lapses in some points of the checklist.

#### WHAT ACTIONS ARE WE TAKING?

Continue quarterly audits to ensure compliance and consider options to mitigate variances.

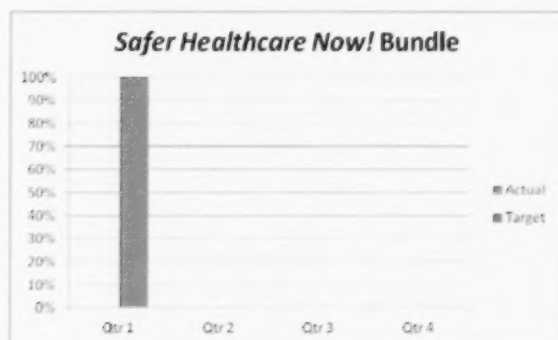
## BETTER CARE

### Provincial Hoshin:

### Transform the patient experience through Sooner, Safer, Smarter, surgical care

Provincial 5-Year Outcome: **By March 31, 2017, zero surgical infections from clean surgeries.**

FHHR Project: **% of patients who receive all components of the *Safer Healthcare Now!* Bundle.**



#### WHAT IS BEING MEASURED?

**Indicator:** Number of patients who receive all components of the *Safer Healthcare Now!* Bundle

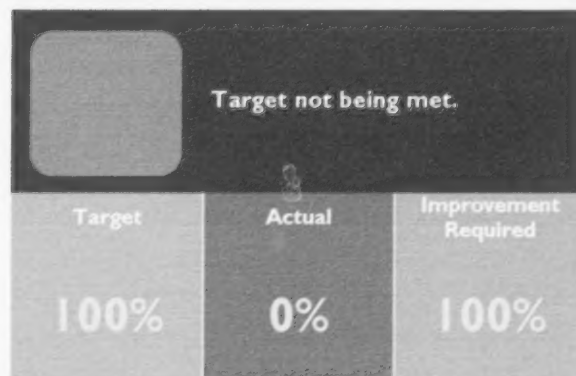
**Definition:** The *Safer Healthcare Now!* (SHN!) invests in frontline providers and the delivery system to improve the safety of patient care by implementing interventions known to reduce avoidable harm. The SHN! Surgical Site Infection Bundle will be provided to operative patients and will cover these four components:

- Perioperative antimicrobial coverage
- Appropriate hair removal
- Maintenance of perioperative glucose control
- Perioperative normothermia

#### **Calculation:**

Number of patients who receive Bundle = 100%

**Data Source:** Not yet developed



#### WHY IS THIS OF INTEREST?

In Western countries including Canada, 2-5% of clean cases and up to 20% of intra-abdominal surgeries will develop a surgical site infection. Infected surgical patients are twice as likely to die, spend 60% more time in the ICU, and are five times more likely to be readmitted to hospital after initial discharge.

#### WHAT IS THE TARGET?

100% of patients receive all components of the *Safer Healthcare Now!* Bundle by 2017.

#### HOW ARE WE DOING?

At the end of Q1, a measurement for SSI and use of SHN bundle is not yet developed.

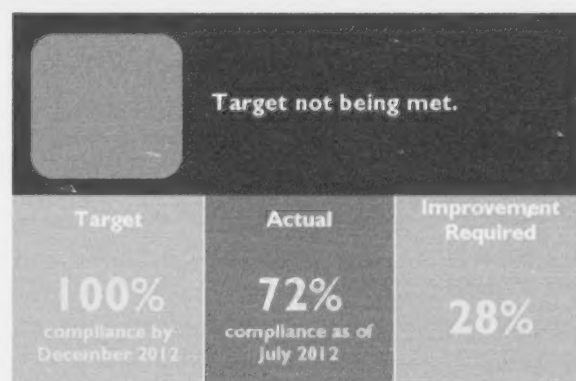
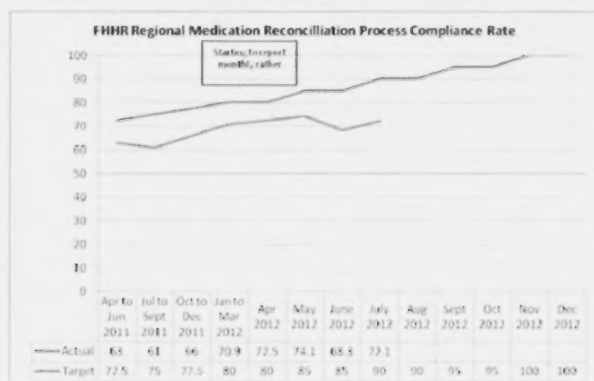
#### WHAT ACTIONS ARE WE TAKING?

By September 2012 the Ministry and Provincial working groups will have developed a measurement plan for SSI and the use of the bundle.

## BETTER CARE Provincial Hoshin: Transform the patient experience through Sooner, Safer, Smarter, surgical care

Provincial 5-Year Outcome: **By March 31, 2017, no adverse events related to medication errors.**

FHHR Project: **Conduct a quality audit of med rec at admission to acute care by December 31, 2012.**



### WHAT IS BEING MEASURED?

**Indicator:** The total percentage of medication reconciliations completed at admission to acute care.

**Definition:** Starting in April 2012, med rec at admission to acute care was tracked monthly to determine the total percentage of med rec's completed at the point of admission.

#### **Calculation:**

The numerator is the percentage of med rec's completed on a monthly basis. The denominator is the monthly target.

#### **Data Source:**

QIRM

### WHY IS THIS OF INTEREST?

Accreditation Canada ROP: The organization reconciles clients' medications at admission and discharge, transfer, or end of service.

### WHAT IS THE TARGET?

100% compliance rate for med rec at admission to acute care by December 2012.

### HOW ARE WE DOING?

72 % compliance rate at July-end.

### WHAT ACTIONS ARE WE TAKING?

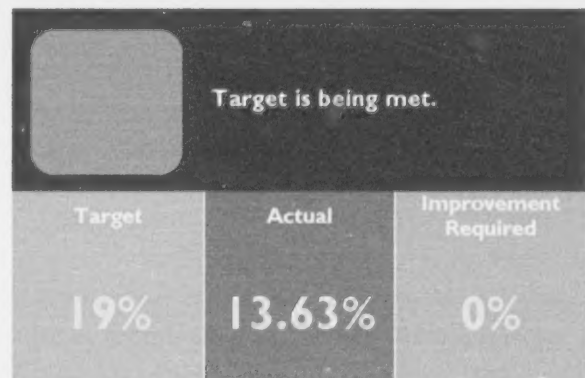
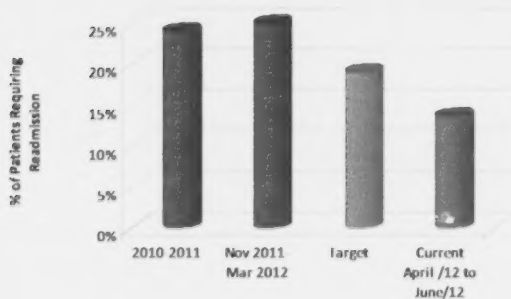
Further education of Doctors and Nurses- beginning in September 2012. Education and training will be lead by Pharmacy staff (Pharmacy Director and additional senior Pharmacy staff). Focus will be in the ER first before moving out to Medicine Unit.

## BETTER CARE Provincial Hoshin:

**Transform the patient experience through Sooner, Safer, Smarter, surgical care**

**Provincial 5-Year Outcome:** By March 31, 2017, individuals with severe complex mental health issues with alcohol co-morbidity or acquired brain injury will have access to supportive housing in or near the community.

**FHHR Project: Assertive Recovery Support Project – Reduce readmission rate to Mental Health and Addictions Services (MHAS) by 20%, or 10 clients by November 2012.**



### WHAT IS BEING MEASURED?

**Indicator:** % of patients who require readmission to the inpatient unit

**Definition:** Those clients who are readmitted within 30 days of discharge within the fiscal year

**Calculation:**

# of clients readmitted

# of clients admitted

**Data Source:** MHA inpatient records

### WHY IS THIS OF INTEREST?

Assertive Community Treatment is a best practice; patients should be treated at the least intrusive level of service. This will reduce cost of inpatient admissions

### WHAT IS THE TARGET?

To reduce the readmission rate by 20% or by 10 clients/ year by March 31, 2013

### HOW ARE WE DOING?

The Assertive Community Treatment Program was implemented on November 1, 2011. The program ran 7 days/week until March 2012. This program will continue 4 days a week until March 2013. In 2010/2011 the readmission rate was 24%. The target was to achieve a 20% improvement on last year's rate of 24% which would have been a 19% readmission rate. However, this was not achieved during the November 2011-March 2012 pilot period due to new readmission patterns which were not factored into the original equation. From April 1, 2012 to June 2012 the readmission rate was 13.63%.

### WHAT ACTIONS ARE WE TAKING?

The program continues for 4 days a week until March 2013. Adjustments include tracking readmission rates April 1, 2012 to March 31, 2013 using 30 day readmission metric.

## BETTER CARE

### Provincial Hoshin:

### Transform the patient experience through Sooner, Safer, Smarter, surgical care

**Provincial 5-Year Outcome:** By March 31, 2017, individuals with severe complex mental health issues with alcohol co-morbidity or acquired brain injury will have access to supportive housing in or near the community.

**FHHR Project:** Admission criteria to Mental Health and Addictions Services (MHAS)

#### LOCUS DIMENSIONS

1. Risk of Harm
2. Functional Status
3. Co-Morbidity
4. Recovery environment: level of stress and level of support
5. Treatment and Recovery History
6. Engagement

#### WHAT IS BEING MEASURED?

**Indicator:** % of clients admitted with a completed LOCUS assessment

**Definition:** Locus Dimensional Rating System will be utilized

#### Calculation:

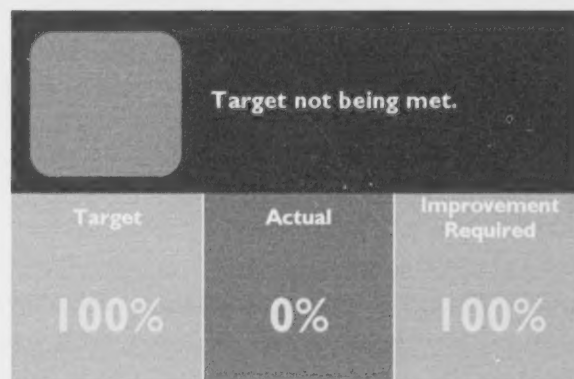
% of clients admitted

% of clients admitted with a completed LOCUS assessment

**Data Source:** LOCUS Recording Form

#### WHY IS THIS OF INTEREST?

We have no standard admission criteria



#### WHAT IS THE TARGET?

All admissions from September 2, 2012 to December 2, 2012 will have a LOCUS assessment and score

#### HOW ARE WE DOING?

Trial Project begins September 2, 2012 for 3 months

#### WHAT ACTIONS ARE WE TAKING?

We have agreement with our psychiatrists to utilize this tool beginning September 2, 2012.

A consultation between psychiatrists and a developer of the LOCUS tool has been arranged for September

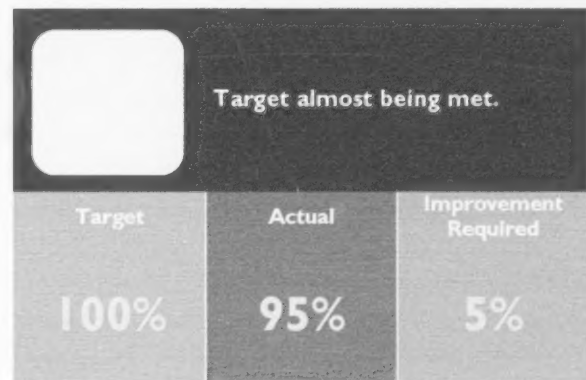
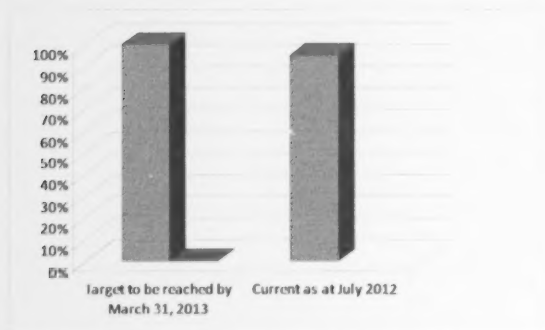


## BETTER CARE Provincial Hoshin:

**Transform the patient experience through Sooner, Safer, Smarter, surgical care**

**Provincial 5-Year Outcome:** By March 31, 2017, individuals with severe complex mental health issues with alcohol co-morbidity or acquired brain injury will have access to supportive housing in or near the community.

**FHHR Project:** Implement recovery model services for Mental Health and Addictions Services (MHAS).



### WHAT IS BEING MEASURED?

**Indicator:** % of active rehab clients with a completed Multnomah Community Ability Scale (MCAS)

**Definition:** Active clients on CMHN rehabilitation caseloads

**Calculation:**

$$\frac{\# \text{ of clients with completed MCAS}}{\# \text{ of active clients}}$$

**Data Source:** completed MCAS forms and active rehab caseload numbers

### WHY IS THIS OF INTEREST?

The recovery model is a patient first approach focused on recovery services provided to assist clients in their recovery journey.

### WHAT IS THE TARGET?

By March 2013 current mental health rehabilitation clients will receive services determined by use of the Multnomah Community Ability Scale

### HOW ARE WE DOING?

95% of active rehab clients have an initial MCAS completed

### WHAT ACTIONS ARE WE TAKING?

Planning day on August 29, 2012 to determine team structure and level of care services for an integrated recovery model  
Begin determining level of care utilizing Level of Care Utilization Scale and MCAS score.

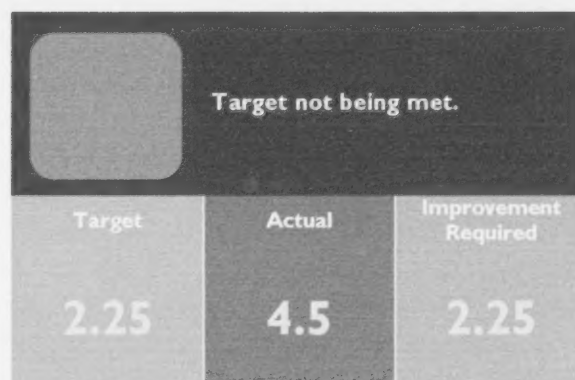
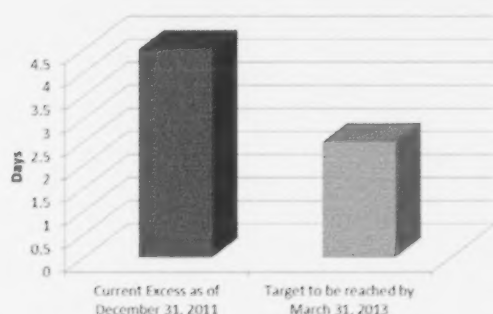


## BETTER CARE Provincial Hoshin:

**Transform the patient experience through Sooner, Safer, Smarter, surgical care**

**Provincial 5-Year Outcome:** By March 31, 2017, individuals with severe complex mental health issues with alcohol co-morbidity or acquired brain injury will have access to supportive housing in or near the community.

**FHHR Project:** Reduce Length of Stay (LOS) and implement discharge planning for Mental Health and Addictions Services (MHAS). Develop customer profile by April 31, 2012. Complete future state value map by June 30, 2012. Pilot standardized discharge process by March 31, 2013.



### WHAT IS BEING MEASURED?

**Indicator:** # of days admitted clients are over/under CIHI ELOS

**Definition:** Those clients admitted/discharged within the fiscal year.

#### **Calculation:**

Actual LOS  
CIHI Expected LOS

**Data Source:** LOS analysis reports sorted by MHIS (Mental Health Information System)

### WHY IS THIS OF INTEREST?

We currently exceed CIHI ELOS. Our future state includes a reduction of beds.

### WHAT IS THE TARGET?

To reduce days over the CIHI ELOS by 50% by March 31, 2012.

### HOW ARE WE DOING?

From April 2010-March 31 2011 we were 3.43 days over. From April 2011 to December 2011 we were 4.5 days over the average daily census.

### WHAT ACTIONS ARE WE TAKING?

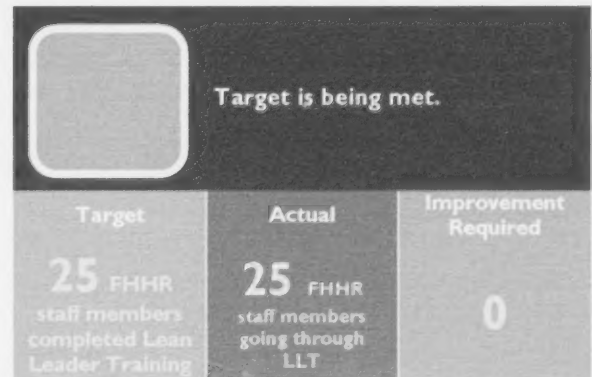
We have developed a customer profile; tracked barriers to discharge; track variability for admission utilizing the LOCUS recording form. The redesign of the Community Mental Health Nursing Program to an integrated recovery continues to progress. A future state value stream map is to be developed by October 31, 2012.

## BETTER VALUE Provincial Hoshin:

**Deploy a Continuous Improvement System, including training, and infrastructure across the health system with an initial focus on the surgical value stream and 3P within FHHR, PNHR, PAPHR and SHR.**

**Provincial 5-Year Outcome:** By March 31, 2017 (based on a five-year rolling average) the healthcare budget increase is less than the increase to provincial revenue growth.

**FHHR Project:** Implement Lean Management System by March 31, 2013 to support lean training and certification.



### WHAT IS BEING MEASURED?

**Indicator:** the courses required to complete Lean Leader Training for participants in Wave 1 training

**Definition:** FHHR has 25 staff members going through Lean Leader Training in the 2012-13 fiscal year.

#### **Calculation:**

The numerator is the number of training courses required for Lean Leader Certification. The denominator is the dates each individual step is scheduled for.

### WHY IS THIS OF INTEREST?

Having staff trained in Lean methodologies is foundational to the Lean journey as FHHR prepares for RPIW and other Lean improvement work.

### WHAT IS THE TARGET?

The target is to have 25 FHHR staff members complete Lean Leader Training by March 2013.

### HOW ARE WE DOING?

KPO staff (5 staff members) have completed the Lean Leader Certification with the exception of RPIW work; an additional 20 FHHR staff members have completed approximately 50% of Lean Leader Training requirements and will be completed (with the exception of RPIW requirements) by October 2012.

### WHAT ACTIONS ARE WE TAKING?

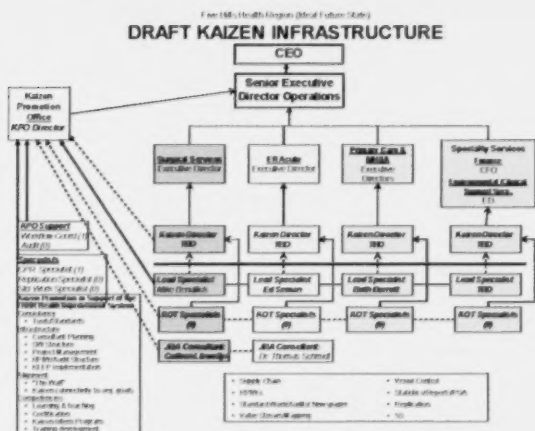
Continued focus on staff training and completion of LLT requirements.

## BETTER VALUE Provincial Hoshin:

**Deploy a Continuous Improvement System, including training, and infrastructure across the health system with an initial focus on the surgical value stream and 3P within FHHR, PNHR, PAPHR and SHR.**

**Provincial 5-Year Outcome:** By March 31, 2017 (based on a five-year rolling average) the healthcare budget increase is less than the increase to provincial revenue growth.

**FHHR Project:** Develop Kaizen Promotion Office (KPO) and related infrastructure for continuous improvement and support for 3P events, RPIWs and other CI activities.



Target has been met.		
Target	Actual	Improvement Required
KPO set up for FHHR by July 2012	KPO set up and established	0

### WHAT IS BEING MEASURED?

**Indicator:** the establishment of an FHHR Kaizen Promotion Office and the related infrastructure for Kaizen work and support of 3P events, RPIW's, Lean Leader training and other Kaizen work.

**Data Source:** FHHR KPO

### WHY IS THIS OF INTEREST?

Kaizen Promotion Office (KPO) is key support for Continuous Improvement work (RPIW, 3P, etc.) within FHHR.

### WHAT IS THE TARGET?

FHHR KPO will be set up by July 2012

### HOW ARE WE DOING?

KPO has been set up, with org chart created and roles and job descriptions clarified within the KPO.

### WHAT ACTIONS ARE WE TAKING?

Positions that have been filled for the FHHR KPO are- KPO Director, Lead Specialist (x3), Clinical Practice Redesign Specialist and a Work Flow Coordinator.

## BETTER TEAMS Provincial Hoshin:

**Deploy a Continuous Improvement System, including training and infrastructure across the health system, with an initial focus on the surgical value stream and 3P within FHHR, PNHR, PAPHR and SHR.**

**Provincial 5-Year Outcome:** By March 2013, 10% of the five-year targeted number of employees will be trained in continuous improvement basics.

**FHHR Project:** Number of staff completed Kaizen Basics Training.



### WHAT IS BEING MEASURED?

**Indicator:** the number of FHHR staff members who have registered for available Kaizen basics training course.

**Definition:** In the 2012-13 fiscal year there are 5 weeks of available training time. Kaizen basics is a one-day training course with a maximum course enrolment of 50 people per day.

#### Calculation:

The numerator is the number of people FHHR has targeted for training. The denominator is the number of days required to get those people through training at a maximum class enrolment of 50 people per class.

### WHY IS THIS OF INTEREST?

Kaizen basics training is a foundational tool used to introduce staff members to the essential methodologies of the Saskatchewan Healthcare

Management System. The teaching will create awareness and understanding as well as generate enthusiasm for the improvement work that lies ahead.

### WHAT IS THE TARGET?

Long term goal = all 1800 FHHR staff members trained in Kaizen basics

Short term goal = 1250 FHHR staff members trained in Kaizen basics by March 2013.

### HOW ARE WE DOING?

The first 10 Kaizen basic courses have been scheduled and 73% of available slots are currently filled.

### WHAT ACTIONS ARE WE TAKING?

Offering 5 weeks of Kaizen basics training (25 available class times) between September 2012-March 2013.

## BETTER TEAMS Provincial Hoshin: Safety Culture: Focus on Patient and Staff Safety

Provincial 5-Year Outcome: **Zero workplace injuries by March 31, 2017.**

FHHR Project: **Implement a risk assessment tool in three facilities/programs with highest time lost and one facility with lowest time lost.**

**3YR Time Loss Incidents Report  
Regional Frequency by Month**



### WHAT IS BEING MEASURED?

**Indicator:** Number of WCB lost time incidents (frequency)

**Definition:**

WCB: Workers Compensation Board

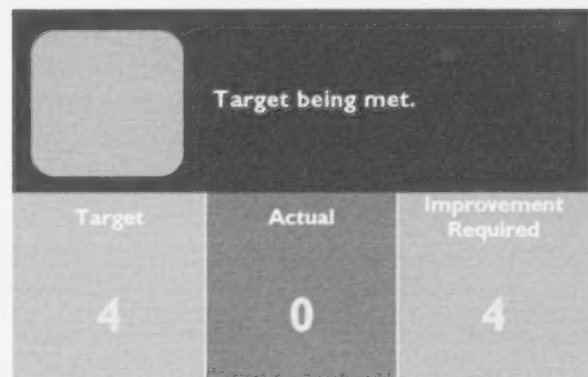
**Calculation:**

$$\frac{\text{Number of lost time days}}{100 \text{ FTE}}$$

**Data Source:** Ministry of Health

### WHY IS THIS OF INTEREST?

Reducing workplace injuries is an area where improved performance will impact our ability to contain cost growth without impacting service delivery. Introducing a risk assessment tool, as a component of our overall safety management system, allows us to identify the degree of risk associated with particular jobs or tasks and prioritize how we introduce a risk mitigation process for high risk jobs.



### WHAT IS THE TARGET?

By December 31, 2013, FHHR will have implemented a risk assessment tool in 3 facilities/service lines with highest time lost and 1 facility/service line with time lost data showing greatest trend upwards.

### HOW ARE WE DOING?

With regards to implementation of a risk assessment tool in 4 areas, we have not yet implemented a risk assessment tool but have agreed to implement in pilot area in Environmental Services.

### WHAT ACTIONS ARE WE TAKING?

- Process to be implemented in pilot area in Environmental Services – discussions underway with Jim Allen.
- Identifying training requirements for future implementation of Risk Assessment tool in other lines.
- Will continue looking for a more user-friendly tool.

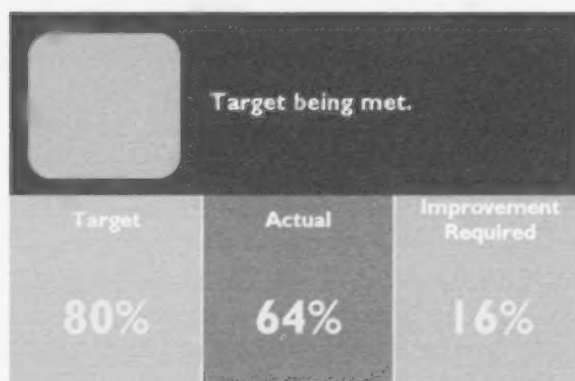
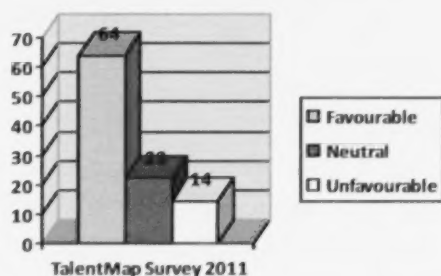


## BETTER TEAMS Provincial Hoshin: Safety Culture: Focus on Patient and Staff Safety

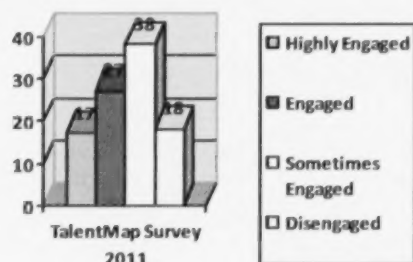
**Provincial 5-Year Outcome: Employee engagement provincial average score exceeds 80% by March 31, 2017.**

**FHHR Project: Develop and implement an employee engagement action plan by March 31, 2013**

### Overall Engagement Score



### Percentage of Employees identifying as:



"customer" satisfaction. With the journey being undertaken by FHHR in developing a new LEAN Hospital, engaged employees will help us be successful in this project & all LEAN projects.

### WHAT IS THE TARGET?

Develop and implement an employee engagement action plan by March 31, 2013

### HOW ARE WE DOING?

We are on target to have an Employee Engagement Action Plan developed implemented in FHHR by March 31 2013. This plan will aim to address the shortfalls in engagement across the Region as identified by the TalentMap survey through the introduction of employee-driven initiatives. Some initiatives have already been introduced and have been branded as "Employee Engagement" initiatives.

### WHAT IS BEING MEASURED?

**Indicator:** % of RHAs and SCA staff rating overall engagement as favourable.

#### Calculation:

Percentage increase of 16% required to meet target by 2017.

**Data Source:** TalentMap Survey 2011

### WHY IS THIS OF INTEREST?

Research proves that organizations with employees who identify as being engaged in their jobs leads to increased productivity, improved safety records, staff retention & better

### WHAT ACTIONS ARE WE TAKING?

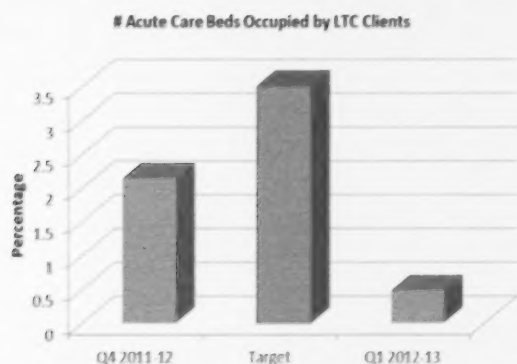
Focus Groups have been held with over 90 employees from a cross section of the Region to elaborate on areas identified by SLT as key areas of focus (shortfalls identified in survey). An Executive Report is under preparation. A steering committee is currently being established to commence work by the end of September with an immediate mandate of drafting an action plan by December 2012. We are also examining best practice & options to measure ongoing engagement levels.

## DAILY WORK

### Strategic Priority:

**Achieve timely access to evidence based and quality health services and supports**

**Initiative: Reduce the number of individuals in Acute Care (AC) waiting for Long Term Care (LTC) placement**



Target being met.		
Target	Actual	Improvement Required
3.5%	0.48%	n/a

#### WHAT IS BEING MEASURED?

**Indicator:** # of AC beds awaiting LTC placement who've been assessed and approved for LTC and not in acute care state.

**Definition:** Clients waiting placement for LTC have been screened and designated as requiring LTC. The # acute care beds include Moose Jaw, Assiniboia and Gravelbourg hospitals.

#### Calculation:

$\frac{\text{\# clients waiting placement in hospital}}{\text{\# acute care beds}} = 3.5\%$

**Data Source:** Ministry of Health

#### WHY IS THIS OF INTEREST?

The provincial target for 2011 for the % of total acute care beds occupied by clients waiting LTC placement is 3.5% or about 85 beds provincially.

Clients waiting placement for LTC in a hospital do not receive the socialization and related activities in

the long term care environment. Access to hospital beds is restricted and results in unnecessary pressures on emergency departments, and frustration of clients.

#### WHAT IS THE TARGET?

The target is for **no more than 3.5%** of hospital beds to be occupied by clients waiting LTC placement. In FHHR, this is approximately 3-4 persons waiting placement for LTC from hospital.

#### HOW ARE WE DOING?

The number of LTC clients waiting placement from acute care continues to be below target. On average 0.48% of acute care beds were occupied by LTC clients during the first quarter of 2012-13. 2.4 beds (or 2.14%) were occupied by LTC in the 4<sup>th</sup> quarter of 2011-12.

#### WHAT ACTIONS ARE WE TAKING?

We are developing strategies to reduce length of stay in acute specifically patients who stay longer than their expected LOS.




## DAILY WORK

### Strategic Priority:

**Continuously improve health care safety in partnership with patients and families**

**Initiative: Falls Prevention Strategy**

**FHHR Project: Falls in Long Term Care (LTC) will be reduced by 5% from the 2011-12 rate of 38%.**

<div>  <p>Data not available.</p> </div>		
Target	Actual	Improvement Required
36.1%	n/a	5%

#### WHAT IS BEING MEASURED?

**Indicator:** # and % of Long Term Care (LTC) residents who experience a fall, including affiliated and for-profit LTC facilities

**Definition:** Percentage of LTC Residents who fell compared to the total residents plus new admissions

#### Calculation:

# of LTC Residents who fell

Total # LTC Beds plus admissions in period

**Data Source:** FHHR Continuing Care

#### WHY IS THIS OF INTEREST?

Residents in LTC are at risk for falls. Reducing falls and particularly injuries from falls improves the quality of life for those in our care, and also can prevent and reduce subsequent orthopaedic surgeries.

#### WHAT IS THE TARGET?

We have implemented the Safer Healthcare Now Falls prevention interventions in 100% of LTC beds in the region. Our target is to reduce falls by 5% from the prior year's experience.

We are attempting to have this measure changed to reflect a measurement of fractures as a result of falls. This would be an improved measurement as falls will continue to occur but reducing injury from falls is the real quality improvement.

#### HOW ARE WE DOING?

Falls in LTC increased significantly in the 4<sup>th</sup> quarter. 38% of our residents experienced a fall in this quarter. The Provincial average is 33%. We are monitoring the trend and continue to do risk assessments and post-fall analysis. We rely on the Ministry for the statistics in this area and we have not received them to date. Our MDS system records fall in the past 30 days. The latest report we have shows that 13.5% of 406 residents in the data base fell in the past 30 days.

#### WHAT ACTIONS ARE WE TAKING?

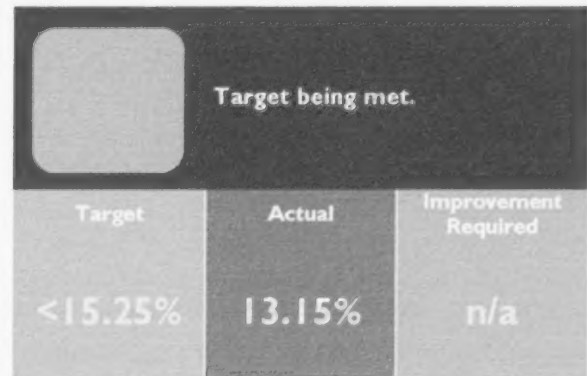
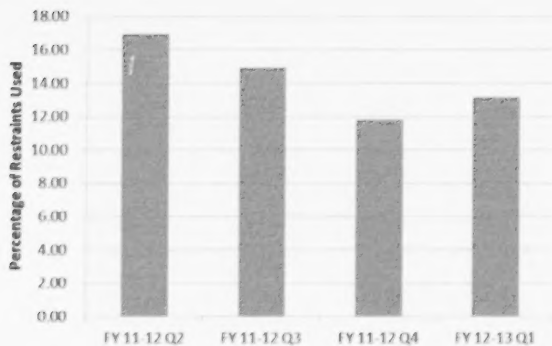
SHN Falls Prevention tool and a modified care planning tool have been adopted in all facilities. We have changed the tool to the SCOTT Falls Assessment tool rather than the Morse Falls tool. The SCOTT is designed for long term care and after researching and studying the tool, the team felt it would be more useful than the Morse tool. We have several Falls Prevention Teams taking part in the Provincial Falls Collaborative.

## DAILY WORK

### Strategic Priority:

**Continuously improve health care safety in partnership with patients and families**

**Initiative: Falls Prevention Strategy – Daily Physical Restraints**



#### WHAT IS BEING MEASURED?

**Indicator:** Total percentage of LTC residents who are restrained in any way.

**Definition:** We are measuring all the residents in trunk restraints, limb restraints and chairs that prevents resident from rising.

#### Calculation:

Number of restrained Residents/Total residents

**Data Source:** Minimum Data Set (MDS) from all LTC facilities

#### WHY IS THIS OF INTEREST?

FHHR has a policy of least restraint and our care philosophy supports the idea that least restraint means a higher quality of life for our LTC residents

#### WHAT IS THE TARGET?

The target is to decrease the prevalence of daily physical restraints, or remain the same as the 2011-12 level of 15.25%. 2010-11 rate was 19.85%

#### HOW ARE WE DOING?

The use of restraints in Long Term Care been going down through 2011-12 and we continue to comply with a policy of least restraint. Of particular interest is that our largest affiliate has reduced its use of truck restraints by 50% in the past 12 months.

#### WHAT ACTIONS ARE WE TAKING?

This indicator is measured through our MDS reporting tool. It is collected in all facilities and is reported provincially. We are moving to a new set of quality indicators in MDS which should improve reporting in several areas.

We continue to monitor this on a regular basis and are able to identify which facility is improving or increasing restraints. Appropriate action is taken if there is any increased use of restraints.

Directors have been provided with specific facility restraint use figures.

## DAILY WORK

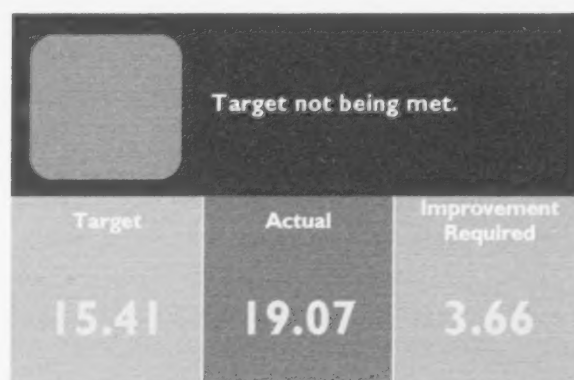
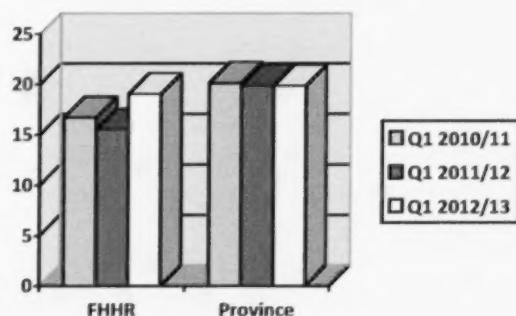
### Strategic Priority:

**Work together to create safe, supportive and quality workplaces**

**Initiative:** Improve scheduling process, attendance support and workplace safety to reduce wage driven premiums and injury costs – sick time hours

**Target:** Reduce number of sick leave hours by 1% per FTE over fiscal year 2012.

**Sick Leave Hours/FTE**



#### WHAT IS BEING MEASURED?

**Indicator:** # of sick time hours per FTE

#### Definition:

FTE: Full Time Equivalent

**Calculation:** Percentage reduction for fiscal 2013 as compared to fiscal 2012.

**Data Source:** Ministry of Health

#### WHY IS THIS OF INTEREST?

A reduction in sick time will result in reduced operating costs, reduced demand on casual workers and is linked to favourable reductions in employee absenteeism in other areas such as WCB.

#### WHAT IS THE TARGET?

1% reduction in sick leave hours per FTE (66.48 hours per FTE) as compared to 2011/12.

#### HOW ARE WE DOING?

We are not meeting the target set for this quarter and in fact have seen a significant and worrying increase over the corresponding quarter of last year which was 15.56 sick time

hours per FTE. Q1 is traditionally our best quarter in terms of sick leave. A review of our sick leave trends for the quarter suggests that the increase is attributable to above average numbers of significant illnesses and surgeries for the quarter. Providence Place Q1 use of SL has increased by 42.2% over Q1 last year. Our sick leave remains below the provincial average.

#### WHAT ACTIONS ARE WE TAKING?

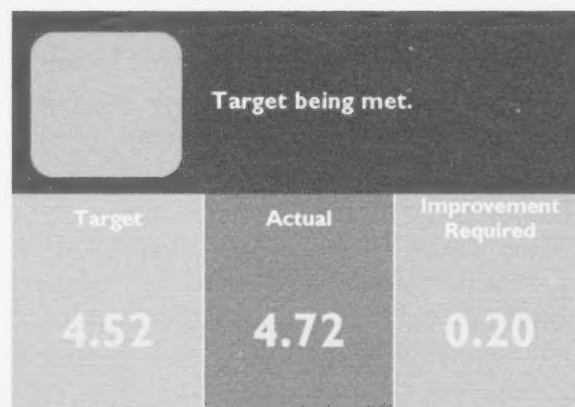
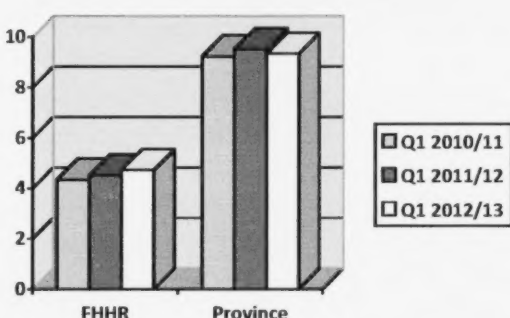
- Providence Place – 6 week group meetings with Management Team to discuss processes & ensure compliance.
- Revamping of reports for Nursing – Clinical Services.
- Finalize reporting tools and provide training to the Clinical Service Nurse managers
- Review of sick leave durations which are increasing.
- Review of sick leave utilization by age group, affiliation & gender to predict patterns & other factors.
- Working with 3SHealth to streamline procedures and minimize unnecessary payment of sick leave.
- Workshops to educate managers on DIP and WCB processes.
- Identify priority directors to work with to reduce sick leave
- Enhanced training for new Directors on processes & increasing use of appropriate accommodations.

## DAILY WORK Strategic Priority:

**Work together to create safe, supportive and quality workplaces**

**Initiative:** Improve scheduling process, attendance support and workplace safety to reduce wage driven premiums and injury costs – wage driven premium (WDP) hours

### Wage Driven Premium Hours/FTE



#### WHAT IS BEING MEASURED?

##### Indicator:

Number of WDP hours per FTE

##### Definition:

WDP: Wage Driven Premium hours (ie, overtime)

FTE: Full Time Equivalent

##### Calculation:

**Data Source:** Ministry of Health

#### WHY IS THIS OF INTEREST?

A reduction in WDP hours will result in reduced operating costs. A favourable outcome reduces demand on casual workers.

#### WHAT IS THE TARGET?

14.6% reduction in WDP hours. The target is 16.31 WDP Hours/FTE, which amounts to a reduction of 21.8% for fiscal year 2011-12 as compared to fiscal year 2010-11.

#### HOW ARE WE DOING?

Despite a slight increase in WDP hours as compared to the same quarter over the last two years, Five Hills continues to excel in this area as compared to the provincial averages. It is important to take stock of this and highlight the achievement that every other Health Region was tasked with achieving the Five Hills "Gold Standard" target - the WDP hours/FTE results for 2011/12 - within 5 years. The challenge for FHHR over the next few years will be to maintain that figure and in order to ensure that our ambitious target for this year is to further reduce our WDP costs.

#### WHAT ACTIONS ARE WE TAKING?

The slight increase in WDP compared to the significant increase in Sick Leave usage means that our attention & initiatives will be focused, at the moment, on reducing sick leave usage. That said, it also demonstrates that the link between sick leave and WDP is not as great as we once thought so we have begun to analyse the relationship a little more closely and will attempt to find & implement new WDP initiatives through this analysis. Initial studies suggest that vacation and other leaves are having a higher impact on our WDP costs.